

NEW PATIENT QUESTIONNAIRE



Lazzara
orthodontics

PATIENT INFORMATION

Date _____
Patient Name: _____ Birthdate _____
Preferred name _____ Age _____ Gender: M F
Address _____ Home Phone _____
City _____ State _____ ZIP _____ Cell Phone _____
School (if applicable) _____ Grade _____ Interests _____
If patient is a minor, parent/guardian's name _____
Names of any friends or relatives in our practice _____
Siblings- Names & Ages _____
Whom may we thank for referring you to our office? _____
Patient's chief orthodontic concern _____
Who will be responsible for making appts? _____ Phone _____
Parent/Guardian email _____ Patient email _____

RESPONSIBLE PARTY INFORMATION

Responsible Party/Insured _____ Relationship to patient _____
Address _____ Home Phone _____
City _____ State _____ ZIP _____ Cell Phone _____
SSN _____ Birthdate _____ Work Phone _____
Employer _____ Occupation _____
Spouse's Name _____ Cell Phone _____ Work Phone _____
Other Parent, if applicable _____ Relationship to patient _____
Address _____ Home Phone _____
City _____ State _____ ZIP _____ Work Phone _____
SSN _____ Employer _____ Occupation _____

INSURANCE INFORMATION

Do you have dental insurance? YES NO Do you have Orthodontic Coverage? YES NO
If yes, please fax the front and back of your insurance card to (904) 270-8755, and bring your card to the appt.

DENTAL INFORMATION

Dentist _____ Date of last cleaning and exam _____
General Dental Health: GOOD FAIR POOR History of TMJ problems? YES NO
Comments on dental history (trauma, extractions, etc.) _____
Oral habits? _____ Did your dentist recommend an orthodontic exam? YES NO
Previous orthodontic treatment? YES NO Date started? _____ Months remaining? _____
Orthodontist _____ Office location _____

MEDICAL INFORMATION

Physician's name _____ Date of last physical exam _____

Does the patient take any medications regularly? _____

Does the patient take Fosamax or other bisphosphonate medications (typically for osteoporosis)? YES NO

Is the patient allergic to any medications? _____ **Is the patient allergic to latex? YES NO**

Is the patient pregnant? _____ Due date _____ Overall health? GOOD FAIR POOR

Has the patient ever had any of the following medical problems:

Y N Heart problems	Y N HIV
Y N Rheumatic fever	Y N Epilepsy
Y N Heart murmur	Y N Diabetes
Y N Abnormal bleeding	Y N Hepatitis
Y N Artificial heart valves	Y N Asthma
Y N Cancer	Y N Hearing impairment
Y N Developmental disabilities	Y N High blood pressure
Y N Blood transfusion	Y N Radiation treatment
Y N Difficulty breathing	Y N Fainting

Does the patient have a history of any medical or other problems that we should be aware of? _____

In case of emergency, please contact _____ Phone _____

NOTICE OF PRIVACY PRACTICES

We are dedicated to protecting your personal medical information and maintaining appropriate safeguards as required by law, including the Health Insurance Portability and Accountability Act (HIPAA). You are entitled to review our complete Privacy Notice which describes how we may use and disclose your medical records while you are receiving care at Lazzara Orthodontics. A notice describing our privacy practices is posted in the office, and a laminated copy is available at the front desk. We will also be happy to provide you with a copy.

Signature of Patient/Legal Guardian

Date

OFFICE USE ONLY: I have reviewed the medical and dental history with the Parent/guardian and patient named herein. John Lazzara, DDS _____ Date _____

Doctor's Comments: _____

INFORMED CONSENT AGREEMENT



Orthodontic treatment is not an exact science. Much of its success depends on the **cooperation we receive from our patients**. While the benefits of a pleasing smile and good jaw function are obvious, you should be aware that orthodontic treatment has some associated hazards, inconveniences, and limitations. These drawbacks seldom outweigh the long-range benefits, but should be considered in making the decision to wear orthodontic appliances.

The following information is routinely supplied to anyone considering orthodontic treatment in our office. Please read through this form carefully and **ask Dr. Lazzara and/or his staff to explain anything you do not understand**. It is important that you fully understand what is expected of you as a patient, or as a parent of a young patient, to achieve excellent results.

Perfection is always our goal. Dr. Lazzara will use his knowledge, training, skill and experience to attempt to achieve perfect function that is also aesthetically pleasing. However, **the duration of treatment and final treatment result can be significantly affected by the patient's growth, genetics, oral health, and cooperation**. Restorative treatment (bonding, crowns, etc.) from your dentist may be required to achieve acceptable results in some cases.

Throughout life, teeth are subject to changes in position. This is true with everyone, regardless of whether they have worn braces or not. After orthodontic treatment, patients are subject to the same changes that occur in non-orthodontic patients. **Indefinite retainer wear is ABSOLUTELY MANDATORY to maintain the alignment of your teeth**. One night per week is usually sufficient, but some patients require more frequent wear. If additional retainers or orthodontic treatment are required to correct the consequences of poor retainer cooperation, additional fees will be assessed.

Orthodontic appliances do not cause cavities. However, they may trap food debris and predispose patients to the development of cavities or decalcification marks. Decalcification (permanent marks on the teeth), tooth decay, or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly. Patients are able to prevent these problems with a combination of proper diet, good tooth brushing habits, and regular checkups with the family dentist. **It is imperative that all patients see their dentist before braces are placed, and every six months thereafter for cleanings and check-ups**. Patients with a history of periodontal disease or poor oral hygiene may require more frequent visits to their dentist. Sugars and between-meal snacks should be reduced or eliminated. Occasionally, periodontal (gum) problems present before orthodontic treatment may be worsened by wearing braces and may require treatment by another specialist.

Orthodontic appliances including braces, wires, elastics, headgear, retainers, and functional or other appliances can occasionally cause canker sores, irritations, or injuries to the teeth, jaws, gums, or other oral or facial tissues. Loose or broken wires and appliances can also scratch or irritate your cheeks, gums, lips or other tissues. Our staff will provide you with wax to cover the area until you can visit our office. Broken braces or other appliances may rarely be swallowed or aspirated into the lungs. In such cases, a screening x-ray from your physician may be required. Allergic reactions to orthodontic appliances or materials are rare, but do occur occasionally. Mild or moderate discomfort or "sore teeth" should be expected occasionally during orthodontic treatment, especially after the initial placement of braces or when appliances are reactivated. This discomfort can typically be treated with over-the-counter medications. If discomfort becomes severe, or persists beyond a few days, please contact our office immediately.

Patients participating in organized sports and other rigorous activities must use a protective mouthguard, which can be obtained from our office.

Extraction of teeth, or other surgical procedures including orthognathic (jaw) surgery, are sometimes required for successful orthodontic treatment. Your family dentist, oral surgeon, or other specialist will perform any required surgery or extractions. You should discuss and understand the risks associated with extractions, surgery, or other dental procedures with your dentist, oral surgeon, or other specialist prior to those procedures. There may also be a need for fillings, crowns, bridges, gum treatment or other dental procedures before, during, or after orthodontic treatment. **On rare occasions the nerve of a tooth may become damaged or abscessed.** A tooth that has been irritated by a deep filling or even a minor blow may require treatment by another dentist.

In some instances, the roots of teeth become shortened during treatment. This process is called root resorption. The causes of root resorption are not well understood, and it sometimes occurs even in patients not undergoing orthodontic treatment. Under healthy circumstances, the shortened roots rarely cause problems. In rare circumstances, severe root resorption can result in tooth loss. Unfortunately, it is impossible to predict which patients will experience root resorption, and nothing can be done to reverse it. When patients experience root resorption, orthodontic treatment is sometimes terminated early.

Orthodontic appliances are typically removed from the teeth without difficulty. However, on rare occasions, removal of appliances, particularly esthetic "clear" braces, can result in damage to the teeth or tooth enamel.

There is also a small chance that pain may develop in the jaw joints, i.e. TMJ's, during orthodontic treatment. Tooth alignment or bite correction can usually improve tooth-related causes of jaw discomfort, but referral to a TMJ specialist may be required if TMJ problems occur during treatment.

Occasionally, growth may become unbalanced in individuals who previously grew normally. If growth becomes unbalanced, jaw position can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond Dr. Lazzara's control. This disharmony may necessitate surgical correction in conjunction with orthodontic treatment.

Orthodontic treatment can only be successful if all parties are willing and able to cooperate by wearing headgear, elastics, and retainers as instructed. **Lack of cooperation will lead to increased treatment time and/or compromised results.**

Dr. Lazzara occasionally uses Temporary Anchorage Devices (TADS) to facilitate treatment mechanics and enhance treatment outcomes. While complications are rare, placement of TADS can result in damage to teeth or tooth roots, or the periodontal ligament surrounding tooth roots. Infection or tissue overgrowth over TADS are also possible. In rare cases, nerve damage, including altered sensation or loss of sensation may occur. Routine dental local anesthetic is used when placing the TAD. If you have a heart condition, or have experienced a reaction to anesthetics in the past, please inform Dr. Lazzara.

We appreciate your confidence in selecting our office. We want you to be fully informed, so please ask questions anytime. During orthodontic treatment, we may make models, x-rays, and photographs which may be used for professional reference and display, orthodontic journals, books, meetings, demonstration, and patient education.

I have read and fully understand this letter of information. I have had the opportunity to ask questions, and with this knowledge, I consent to treatment for:

Patient Name

Signature

Date

Relationship to Patient

LAZZARA ORTHODONTICS

www.beachesbraces.com

436 Jacksonville Drive • Jacksonville Beach, FL 32250 • 904.270.8750