

Kids Dental World

Welcome!

Tell us about your child

Child's name _____
First Middle Last

Age _____ DOB ___/___/___ Male Female

Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Other Phone (____) _____

How did you hear about Kids Dental World?

Guardian's Information

Guardian mom dad stepmom stepdad other _____ Birthday ___/___/___

Name _____ Social Security# ___-___-___

Home Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Insurance Information

****Eligibility information is NOT a guarantee of payment by your insurance for any claim****

We have obtained your insurance benefit estimate from your insurance agent. If there are any changes, please let us know. We are here to help you!

Acknowledgement of Receipt of Notice of Privacy Practices

I have read and understand the Notice of Privacy Practices.

Signature _____ Date _____

4045 Lone Tree Way Suite A
Antioch, CA 94531
www.kidsdentalworld.com

Tel (925) 706-8688
Fax (925) 706-8588
kidsdentalworld@gmail.com

Health Questionnaire

Child's Pediatrician _____

Address & Telephone _____

Is the child currently under the care of a specialist? Yes No

If so, please explain _____

Does your child have any conditions that we should be aware of? Yes No

If so, please explain _____

Has your child had any serious injuries or illness? Yes No

If so, please explain _____

List **ALL** child medications _____

List **ALL** child allergies _____

Cancellation Policy

I hereby certify that I understand and agree to the following policy. If I am not able to attend appointment at Kids Dental World, I am required to notify the office **at least 2 Days in advance**. I understand I am responsible for a **\$30 fee** if I do not give notification 2 Days in advance.

Guardian Signature _____ Date _____

Financial Policy

I assume financial responsibility for the above named child. I authorize Kids Dental World to collect payment from the insurance company. I understand that the insurance company may reimburse only a portion of my bill and that I am ultimately responsible for the full payment. If the insurance company denies a claim for any reason at any time, I understand that I am directly responsible for the payment of the outstanding amount. If after 60 days the insurance company has not paid on the claim, I understand I am fully responsible for the total balance. Interest at 10% APR will be assessed on past due accounts. In addition, \$25 will be assessed if collection service is utilized. Kids Dental World accepts Cash, Visa, MasterCard, CareCredit financing. **Personal checks are not accepted. I understand that payment is due on the day services are rendered.**

Guardian Signature _____ Date _____

Informed Consent

Exam/X-rays/Fluoride Treatment

For the first visit and periodical exam, we perform comprehensive examinations, take necessary radiographs, and give fluoride treatments to ensure that our patients are in best oral health. The frequency of the radiographs being taken depends on patient's oral hygiene and caries risk assessment.

Stabilization

We take care of our young patients with compassion, enthusiasm, and humor. Please keep in mind that due to the behavior of the child, the ideal treatment may be difficult or sometimes impossible. For patient's safety, assistants may stabilize an uncooperative child by holding the hands, head, and legs to allow completion of the treatment.

Nitrous Oxide

Nitrous Oxide, also known as laughing gas, helps our young patients to relax during their dental visit. It is given through a small breathing mask which is placed over the child's nose. The gas has a sweet scent and it is quickly eliminated from the body at the completion of the treatment. With nitrous oxide, your child remains fully conscious and keeps all natural reflexes. The American Academy of Pediatric Dentistry recognizes this technique as a safe, effective method to use for treating children's dental needs. Please note that Nitrous Oxide is often NOT COVERED BENEFIT, and you will be financially responsible for this portion of the service.

Sealants

Sealants are made of clear or shaded plastic, and help protect the chewing surfaces of healthy back teeth. Placing sealants is one of the easiest visits for children. Most cavities occur in places sealants can protect. Four out of five cavities in children occur on the back teeth. Children with sealants have 50% less tooth decay after age 15.

Authorization

I hereby certify that I have read and understand the consent form. I affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this office of any change in my personal contact information and the medical status of my child. I authorize the dental staff to perform the necessary dental service my child need including, but not limited to, examination, prophylaxis, radiographs, and fluoride treatment. I hereby certify that I understand and have been informed of the risks, benefits, and alternatives of the provided dental procedures.

Guardian Signature _____

Date _____