K.T. Dao, D.D.S.
13500 Midway Rd 200
Dallas, TX 75244 US

GENERAL INFORMATION

Welcome to our office. Our goal is to help you with your dental treatment. If you have any questions, let us know.

You can help us during your dental examination by telling us if there are any areas of your teeth or gums bothering you or if you have specific concerns. If you have medical conditions (such as heart-transplant, heart murmur, mitral valve prolapse, joint replacements) that requires you to be pre-medicated prior to having your teeth cleaned or prior to having routine dental work performed, please let us know before making your appointment.

We will give you an estimate of your treatment. This is only an estimate. Once treatment is started, we may find some teeth have more destruction from decay than we could initially anticipate from X-rays and an oral exam. Teeth with deep decay may require root canals that cannot be foreseen.

Full payment is expected at each visit for treatment received. We do not accept personal checks, but we do accept Master Card, Visa and cash. Our staff will help patients file for insurance reimbursement. If you have any questions regarding your coverage, please ask our business office staff. We will work with you to find the answer. Any disputes with what your insurance pays will be between you and your insurance company.

There is $50 per 30 minute charge for all broken appointments unless we are notified at least 48 hours before your appointment. You must pay this fee before your next appointment. On short notice, we are unable to fill a looted time with another patient. Expenses and staff salaries still must be paid, even if you do not show up for your appointment.

We will try our best to remind you of your appointment at least one day before you are scheduled. In order to do this, we need your updated work and home phone numbers. Ultimately, it is your responsibility to remember your correct appointment day and time.

Most dental plans allow for cleaning of teeth TWICE A YEAR and these CLEANINGS must be AT LEAST SIX MONTHS APART. For a person with normal, healthy gums, two cleanings a year is usually enough. Many patients, however, have some form of gum disease and need more extensive treatment. If it has been a long time since you had your teeth cleaned or if you have a lot of tartar buildup and stains on your teeth, you will probably need more than one cleaning procedure. There will be an additional charge for extra cleanings.

Normal Cleanings only clean the teeth and remove plaque ABOVE the gum line. If you have gum disease, you may need DEEPER scaling in the area below the junction of the teeth and gums. It is in this deeper sulcus area where disease causing bacteria do their damage to the bone supporting your teeth. In severe cases, you mat need surgery below the gum line. Gum disease and bone loss is the major reason people eventually lose their teeth. Our goal is to first use conservative treatment to help control your gum problems. The therapy you receive in our office will only be beneficial if you follow it up with good daily home care. We will provide instruction on the best care for your teeth and gums at home.

If you have any questions, please let us know. We will be happy to assist you in any way we can.

Please sign:_____**Date**_____

Chart#:_____.
FOR OFFICE USE ONLY

Patient Information

Patient Name:_____Date:_____.
Last, First MI

☐ Male ☐ Female ☐ Married ☐ Single ☐ Child ☐ Other

Social Security #:_____**Birth Date**:_____

Phone (Home):_____(Work):_____(Cell)_____.

E-mail Address:_____

Address:_____.
Street Apt #

_____.
City State Zip Code

Health Information

Date of Last Dental Visit:_____Reason for this visit:_____

Have you ever had any of the following? Please check those that apply:

☐ AIDS	☐ Allergies	☐ Anemia	☐ Arthritis
☐ Artificial Joints	☐ Asthma	☐ Blood Disease	☐ Cancer
☐ Diabetes	☐ Dizziness	☐ Epilepsy	☐ Excessive Bleeding
☐ Fainting	☐ Glaucoma	☐ Growths	☐ Hay Fever
☐ Head Injuries	☐ Heart Disease	☐ Heart Murmur	☐ Hepatitis
☐ High Blood Pressure	☐ Jaundice	☐ Kidney Disease	☐ Liver Disease
☐ Mental Disorders	☐ Nervous Disorders	☐ Pacemaker	☐ Radiation Treatment
☐ Respiratory Problems	☐ Rheumatic Fever	☐ Rheumatism	☐ Sinus Problems
☐ Stomach Problems	☐ Stroke	☐ Tuberculosis	☐ Tumors
☐ Ulcers	☐ Venereal Disease	☐ Codeine Allergy	☐ Penicillin Allergy

☐ **Pregnancy** Due date:_____ ☐ OTHER: _____

- Have you ever had any complications following dental treatment? ☐ Yes ☐ No
  If yes, please explain:_____
- Have you been admitted to a hospital or needed emergency care during the past two years? ☐ Yes ☐ No
  If yes, please explain:
- Are you now under the care of a physician? ☐ Yes ☐ No
  If yes, please explain:_____
- Do you have any health problems that need further clarification? ☐ Yes ☐ No
  If yes, please explain:_____
- Have you ever had contact with HIV patient recently? ☐ Yes ☐ No
- List Current Medication:

_____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail.

_____ Date:_____
Signature of patient, parent or guardian

_____.
Driver License # State Exp.