



WELCOME! Thank You For Selecting Our Dental Health Practice.

We Strive To Provide The Best Possible Dental Care. To Help Us Meet Your Dental Healthcare Needs, Please Fill Out This Form Completely. If You Have Any Questions Or Need Assistance, Please Ask Us- We Are Happy To Help.

Personal Information

Name: _____ Title: _____
 Address: _____
 City,State,Zip: _____
 Birthdate: _____ SS _____
 Phone: (home) _____
 (work) _____ cell: _____
 Email: _____
 Your Employer: _____
 Address: _____
 City,State,Zip: _____

Responsible Party

Name: _____ Title: _____
 Address: _____
 City,State,Zip: _____
 Birthdate: _____ SS _____
 Phone: (home) _____
 (work) _____ cell: _____
 Email: _____
 Employer: _____
 Address: _____
 City,State,Zip: _____
 Relationship To Patient: _____

Whom May We Thank For Your Referral?
 Your Interests Or Hobbies?

ARE YOU FULLY SATISFIED WITH YOUR SMILE AND DENTAL HEALTH?

IF YOU COULD CHANGE ONE THING ABOUT YOUR SMILE, WHAT WOULD IT BE?

Authorization And Release

I authorize Dr. Drucker to release any information including the diagnosis and the records of any treatment or examination of me or my child to third party payors or other health practitioners.

I authorize and request my insurance company to pay directly to Dr. Drucker insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual fee for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

Financial Arrangements

For your convenience, we accept payment by cash, personal check, or credit card. Unless otherwise prearranged, payment due in full at each appointment. Prosthetics, crowns, and bridgework due in full at time of delivery.

All co-payments due in full at time of impressions. A late charge of 1.5% monthly is assessed on unpaid balances.

I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this account.

Appointment times are reserved exclusively for each patient. We do not double-book appointment times. 48 hours notice requested for canceled appointments. Short notice cancellations or "no-shows" may be billed to patient at \$75.00/ half hour.

x _____ Date _____



Tod H. Drucker | DMD

Bala Dental Care

Patient Health History

Patient's Name:

Your Medical Physician's Name: Dr.

Address:
Telephone:

Today's Date:

- Are you presently taking any medications or drugs? Please list: _____

- Are there any medications you cannot take? Please list: _____

Do You Have Or Have You Had Any Of The Following:

Please Indicate Any 'YES' Answers With An 'X'

- | | | |
|--|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures/ Convulsions | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> - Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> - Psychiatric Care | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> - Cancer | <input type="checkbox"/> Prolonged Bleeding |
| <input type="checkbox"/> Prosthetic Heart Valve | <input type="checkbox"/> -Angina (chest pains) | |
| <input type="checkbox"/> Prosthetic Joint | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Have You Ever Tested Positive (+) To HIV Or AIDS ? | | <input type="checkbox"/> Have You Ever Had Braces? |
| <input type="checkbox"/> Are You Currently Pregnant? Which Trimester? | | <input type="checkbox"/> Have You Had Any Previous Injuries To The Face Or Jaw? |
| <input type="checkbox"/> Are Any Teeth Sensitive To Cold Or Sweets? | | <input type="checkbox"/> Does Your Jaw 'Click' Or 'Pop' When Opened? |
| <input type="checkbox"/> Are Any Teeth Sensitive To Heat Or Biting Pressure? | | <input type="checkbox"/> Do Your Gums Ever Bleed Or Hurt After Brushing? |
| <input type="checkbox"/> Have You Ever Had Periodontal (Gum) Treatment? | | <input type="checkbox"/> Have You Been instructed In Proper Dental Home Care? |

Is There Any Other Health Information Which You Feel May Influence Your Dental Treatment?

Is There A Specific Dental Problem Which You Feel Needs Immediate Attention? _____

X _____
(signature of patient or parent)

Health History Update
Date:
Initials:
Notes:

Health History Update
Date:
Initials:
Notes:

Health History Update
Date:
Initials:
Notes:



Tod H. Drucker | DMD

Bala Dental Care

Dental Insurance Information

Primary Policy

Subscriber's Name:

Subscriber's Birthdate:
Subscriber's Soc. Sec. #:

Relationship to Patient:

Subscriber's Employer:

Employer's Address:

City, State, Zip:

Insurance Carrier:

Carrier's Address:

City, State, Zip:
Telephone:

Group#:

Employee/ Cert #:

Deductible:
Annual Maximum Benefit:

Additional Policy

Subscriber's Name:

Subscriber's Birthdate:
Subscriber's Soc. Sec. #:

Relationship to Patient:

Subscriber's Employer:

Employer's Address:

City, State, Zip:

Insurance Carrier:

Carrier's Address:

City, State, Zip:
Telephone:

Group#:

Employee/ Cert #:

Deductible:
Annual Maximum Benefit:

HIPAA PRIVACY FORM 2

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

Tod H Drucker AKA Bala Dental Care, LLC

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, have reviewed a copy of this office's Notice of Privacy Practices. A copy is available for review at the office.

{Please Print Name}

{Signature}

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)