

Aristos Dentistry

Dr. Christopher J. Nielsen DMD

Your Oral Health History

Reason for today's visit? _____

Are your teeth sensitive to hot, cold, sweets or pressure? _____

Is there anything you would like to change with your smile? _____

Would you like to know more about:

Please circle all that apply:

Veneers Implants Whitening Invisalign

Have you ever suffered from prolonged dry mouth? _____

Have you ever had jaw pain/clicking/popping? _____

Do you wear dentures/partials? _____

Have you ever had injuries to teeth/jaw/jaw joints? _____

Do you have any fears/concerns about dental treatment? _____

Have you ever had any unusual experiences with dental care? _____

Responsibilities and Release:

I understand that I am financially responsible for all charges whether paid by insurance or not. I authorize the doctor to release all information necessary to secure payment of benefits. I authorize and request my insurance company to pay directly to the dentist the insurance benefits otherwise payable to me. I authorize the use of my signature below on all insurance submissions. I understand that my dental insurance may pay less than the actual bill of services.

Responsible Party Signature: _____ Date: _____

Relationship to Patient: _____

Office Guidelines:

- As a courtesy to you we will bill your insurance; however this is NOT a guarantee of insurance payment. Payment of dental services not covered or paid by your insurance is required at the time services are provided.
- For your convenience financing may be obtained for full and/or partial treatment through CareCredit or Chase Health Advance, a third party financing company. We can help you with the application process.
- **YOUR APPOINTMENT IS SPECIFICALLY RESERVED FOR YOU. A fee of \$50.00 PER HOUR MAY be charged to and paid by the patient for any appointment that is cancelled without at least TWO business days notice.**
- A 1.5% per month (18% annually) finance charge may be added to any account with a past due balance of 90 days starting from the date services are rendered.
- We do not accept DSHS, Medicare or Medicaid.
- Nitrous oxide is available at \$75.00. Payment is due at the time of service. This is not a covered benefit on any insurance plan.

I have read and understand the above stated guidelines and services.

Responsible Party Signature: _____ Date: _____

Relationship to Patient: _____