



Welcome to our practice

We are delighted you have chosen us to provide your dental care. This welcome packet will describe the services we offer and how our office operates. We want to first get to know you better so we can, if needed, design a customized dental plan around your needs and preferences.

Please look these materials over prior to your first visit so we can best help.

Sincerely,
The team at OA&GD

What we offer

- General dentistry: everyday fixing and cleaning of teeth
- Cosmetic dentistry: a special focus on your smile
- Same-day dentistry: worried about time? Ask our team about the E4D
- TMJ dentistry: a special focus on relieving pain from muscles, joints, teeth, and bite
- Sleep dentistry: fixing snoring and sleep problems by use of an oral appliance
- Sedation dentistry: are you anxious about visiting? Ask our doctors about sedation options

Tell us about yourself

You are welcome to visit our office 10 minutes prior to your appointment to fill out some preliminary paperwork. Alternatively, you can fill out this form and bring it with you to your first visit, faxing it to (434) 385-0252, or emailing it to info@lynchburgsmiles.com.

Occasionally, we may need to contact you. We promise we will not share any of this information with a third party or contact you unnecessarily. This information is strictly for personal correspondence between you and our office.

Please circle your preferred honorific: Dr. Rev. Prof. Mr. Mrs. Ms. Other: _____

Name: _____ Preferred Name: _____

Birthdate: _____ Email address _____

Address _____

Home or Work # _____ Cell # _____

Emergency contact: _____ Phone # _____

Person financially responsible _____ Relationship _____

How would you like us to confirm your appointments?

- By phone, 48 hours in advance
- By text
- By email
- Other: _____

In your own words, please describe your main concern(s) that brought you to the office:



These questions help us understand your history and risk for developing certain conditions, which will increase the quality of care we provide. Please circle Yes if you currently have or in the past have had:

Medical History		
Heart or Lung Conditions	Yes	No
High Blood Pressure	Yes	No
Liver or Kidney Conditions	Yes	No
Stroke	Yes	No
Diabetes	Yes	No
Neurological Disorders	Yes	No
Radiation/Chemotherapy	Yes	No
Epilepsy/Seizures	Yes	No
Psychiatric Care	Yes	No
Artificial Joints	Yes	No
Asthma	Yes	No
Tobacco Use	Yes	No
Women: Are you pregnant?	Yes	No
Women: Are you nursing?	Yes	No

Dental History		
Bite feels off	Yes	No
Clenching/bruxing	Yes	No
Loose teeth	Yes	No
Gums bleed	Yes	No
Floss everyday	Yes	No
Food packs between teeth	Yes	No
Tender/Sensitive teeth	Yes	No
Dry mouth	Yes	No
Difficulty chewing/swallowing	Yes	No
Happy with your smile	Yes	No
Poor past dental experience	Yes	No
If you'd like, please describe experience:		

TMJ History		
Migraines/Headaches	Yes	No
Jaw Pain, Noise, or Popping	Yes	No
Jaw Locking	Yes	No
Facial Pain	Yes	No
Neck Pain	Yes	No
Difficulty Opening	Yes	No
Difficulty Chewing/Swallowing	Yes	No
Ear Problems	Yes	No
Vertigo (Dizziness)	Yes	No
Numbness or Tingling	Yes	No

Sleep History		
Sleep well	Yes	No
Snore or gasp while breathing or been told that you do	Yes	No
Difficulty breathing through nose	Yes	No
Wake up with a headache	Yes	No
Often feel tired, fatigued, or sleepy during day	Yes	No
Increased irritability	Yes	No
Changes in memory	Yes	No
Neck size 17" or larger	Yes	No



Medical history (continued)

Primary Physician: _____

Do you see a physician besides regular checkups? Yes No

If yes, please describe: _____

Please list any medications you are currently taking (you are welcome to bring with you a printed list):

Please specify any other unlisted medical conditions: _____

If applicable, please provide additional explanation for any conditions you have indicated above

Allergies

Please mark any allergies you have:

- Latex
- Antibiotics
- Nickel or other metals
- Novocaine/Lidocaine or other numbing agents
- Toothpastes

If yes to any allergies listed to the left, please elaborate below. Please list any additional allergies, to medications or materials, that you might have:



What is a personalized dental plan?

The team at OA&GD take your health, comfort, and satisfaction very seriously. We want to spend time understanding both your needs and preferences. After your first visit we are usually able to put together a personalized dental plan that both makes you happy and gets you healthy. We will provide this plan in writing and review it with you to answer any questions you may have.

Financial information

We want to make financial arrangements as easy on our patients as possible. We accept all forms of payment and dental insurance coverage, regardless of provider, and we will file all insurance claims and records on your behalf. Depending on your treatment plan, we may be able to file claims to your medical insurance as well. Additionally, we provide accounting courtesies for treatment prepayment as well as third-party financing options. Payment arrangements will be made at the time we generate a treatment plan. Payment due at the time of service.

To provide the highest quality care and the widest range of treatment options, we ask our patients to settle account balances at or before the service appointment. If you have any financial questions, please do not hesitate to share your concerns with your doctor or a team member.

Dental insurance information

Name of dental insurance provider: _____

Member ID number: _____

Group Name: _____

Group Number: _____

Policy holder information (main)

Name: _____

Date of Birth: _____

Social Security #: _____

Patient information (If patient is not policy holder)

Name: _____

Date of Birth: _____

Social Security #: _____

Secondary insurance information

Name of dental insurance provider: _____

Member ID number: _____

Group Name: _____

Group Number: _____