



Thank you for selecting our office and allowing us the opportunity to meet with you. We take pride in our ability to provide you with the highest quality dental treatment, latest products and techniques in a warm and caring environment. We design treatment plans to meet our patient's individual needs.

The Conejo Valley Dental Institute is a combination of our dental practice, a dental laboratory, and a teaching facility for dentists. We can offer our patients the most advanced on site lab support and pride ourselves in being part of on going training programs for dentists.

We have only one treating doctor at our facility. Dr. Burton will always be the doctor that examines and treats you. Our staff consists of four people:

Ashley and Shelly can assist you in the front office

Debbie is our dental assistant, as well as Ashley

Lisa is our registered dental hygienist

Your new patient visit may include the following; a comprehensive examination, a professional cleaning and any necessary diagnostic films, photographs or study models to properly diagnose and plan for your lifelong oral health and comfort.

Please bring the attached forms with you to your appointment so that we will be better prepared to meet with you. Also included are the directions to our office – please do not hesitate to call if you have any questions. Feel free to visit our web site OaksSmile.com for more information regarding our practice.

Sincerely,

Dr. Burton, Shelly, Debbie, Ashley, and Lisa

WELCOME

The benefits of a happy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely. The better we communicate, the better we can care for you.



Rodney P. Burton, D.D.S.

75 Long Court
Thousand Oaks, CA 91360

(805)494-1500
www.OaksSmile.com

About You

Today's Date: _____ Email Address: _____ Male

Name: _____ Name I prefer to be called: _____ Female
Last First MI Mr. Mrs. Ms. Dr.

Birthdate: ____/____/____ Age: _____ Social Security #: _____ Single
 Married Divorced Widowed Separated

Home Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone #: (____) _____ Cell Phone #: (____) _____ Work Phone #: (____) _____ Drivers License #: _____

How did you hear about us? Referral from: _____ Internet 805 Magazine 1-800 Dentist Other: _____

Other family members seen by us: _____

Employer: _____ How long there? _____ Occupation: _____

Employer Address: _____
Street City State Zip

Spouse or Emergency Contact Information

His / Her Name: _____ Birthdate: ____/____/____ Relationship: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____ Work Phone #: (____) _____

Insurance Information

Insurance Company Name: _____ Phone #: (____) _____ Group # (Plan, Local or Policy #): _____

Insured's Name: _____ Insured's Social Security #: _____

Insured's Address: _____
Street City State Zip

Insured's Birthdate: ____/____/____ Relationship: _____ Insured's Employer: _____

Dental History

Why have you come to the dentist today?: _____

Are you currently in pain?: Yes No

Do you require antibiotics before dental treatment?: Yes No

Your current dental health is: Good Fair Poor

Do you floss daily?: Yes No Brush daily?: Yes No

Type of toothbrush: Manual Battery Electric

Do your gums ever bleed?: Yes No Ever Itch?: Yes No

Have you ever had periodontal disease?: Yes No

Are your teeth sensitive to heat, cold or anything else?: _____

Do you have any loose teeth? Yes No

Previous / Present Dentist: _____ Last Visit Date: _____
(Please Circle)

Why did you leave your last dentist? _____

CONTINUED ON BACK

Dental History (continued)

Are you satisfied with the appearance of your teeth? Yes No
 If No, what would you like to change: (circle those that apply)
 Length, Shade, Spaces, Crowding, Other: _____

Have you ever had any serious complications with prior dental treatments? Yes No
 If Yes, what? _____

Have you had any head, neck or jaw injuries? Yes No
 Do you have frequent headaches? Yes No

Have you ever experienced any of the following problems in your jaw?
 Clicking? Yes No
 Pain (joint, ear side of face)? Yes No
 Difficulty opening or closing? Yes No
 Difficulty in chewing? Yes No
 Do you clench or grind your teeth? Yes No
 Have you had any orthodontic work? Yes No
 Have you ever whitened your teeth? Yes No
 If Yes, what type of product? _____

Medical History

Do you have a personal physician? Yes No
 Physician's Name: _____
 Phone: _____ Date of last visit: _____
Your current physical health is: Good Fair Poor
 Are you currently under the care of a physician? Yes No
 Please explain: _____

Do you smoke or use tobacco in any other form? Yes No
 Have you ever taken Phen-Fen, Redux or Pondimin? Yes No
For Women: Are you taking birth control pills? Yes No
 Are you pregnant? Unsure Yes No
 Week #: _____
 Are you nursing? Yes No

Do you or have you experienced the following?

- | | | | | |
|---|---|---|---|--|
| Y N Abnormal Bleeding
Y N Alcohol Abuse
Y N Anemia
Y N Arthritis
Y N Artificial Bones/Joints
Y N Artificial Valves
Y N Asthma
Y N Blood Transfusion
Y N Cancer
Y N Chemotherapy
Y N Chicken Pox | Y N Colitis
Y N Congenital Heart Defect
Y N Diabetes
Y N Difficulty Breathing
Y N Drug Abuse
Y N Emphysema
Y N Epilepsy
Y N Ever Hospitalized
Y N Fainting Spells
Y N Fever Blisters
Y N Glaucoma | Y N Hay Fever
Y N Headaches
Y N Heart Attack
Y N Heart Murmur
Y N Heart Surgery
Y N Hemophilia
Y N Hepatitis
Y N Herpes
Y N High Blood Pressure
Y N HIV+/AIDS
Y N Kidney Problems | Y N Liver Disease
Y N Low Blood Pressure
Y N Lupus
Y N Mitral Valve Prolapse
Y N Pacemaker
Y N Persistent Cough
Y N Psychiatric Problems
Y N Radiation Treatment
Y N Rheumatic Fever
Y N Scarlet Fever
Y N Seizures | Y N Shingles
Y N Sickle Cell Disease
Y N Sinus Problems
Y N Steroid Therapy
Y N Stroke
Y N Thyroid Problems
Y N Tonsillitis
Y N Tuberculosis (TB)
Y N Ulcers
Y N Venereal Disease |
|---|---|---|---|--|

Please list any serious medical condition(s) that you have experienced: _____

Are you taking any prescription/over the counter drugs, blood thinners or heart medications?: Yes No If yes, please list each one: _____

Are you allergic to any of the following?

- | | | | | | |
|------------------|-------------------------|----------------------|----------------|-----------------|------------------|
| Y N Aspirin | Y N Codeine | Y N Erythromycin | Y N Latex | Y N Sedatives | Y N Tetracycline |
| Y N Barbiturates | Y N Dental Antesthetics | Y N Jewelry / Metals | Y N Penicillin | Y N Sulfa Drugs | Y N Other |

Please list anything additional that causes allergic reactions: _____

Authorization

I affirm that the information I have given is correct to the best of my knowledge, and that it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform the necessary services I may need. I understand that I am responsible for payment of services rendered. As a courtesy, we will file your dental insurance as an out of network provider, so you may receive reimbursement. I have received a copy of this office's Notice of Privacy Practices.

Signature Date

OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

Medical History Update

I have read my medical history dated _____ and confirmed that it states past and present medical condition _____
Signature Date

I have read my medical history dated _____ and confirmed that it states past and present medical condition _____
Signature Date

I have read my medical history dated _____ and confirmed that it states past and present medical condition _____
Signature Date

My Medication List

Date: _____ Name: _____

Allergies: _____

Prescribed Medications (Rx)

Drug Name _____ /Generic Name _____
Purpose _____ Strength _____
Qty Taken Daily _____ Special Directions _____

Drug Name _____ /Generic Name _____
Purpose _____ Strength _____
Qty Taken Daily _____ Special Directions _____

Drug Name _____ /Generic Name _____
Purpose _____ Strength _____
Qty Taken Daily _____ Special Directions _____

Drug Name _____ /Generic Name _____
Purpose _____ Strength _____
Qty Taken Daily _____ Special Directions _____

Over-The Counter (OTC) Products:

(Vitamins, Pain Killers, Muscle Relaxers, Cold, Sinus, etc)

Name _____ /Purpose _____
Strength _____ How Many Are Taken Daily _____

Name _____ /Purpose _____
Strength _____ How Many Are Taken Daily _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For many information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

I have read and I understand the Notice of Privacy Practices.

Signature

Date

I have read and I understand the Dental Materials Fact Sheet.

Signature

Date

Dr. Rodney Burton
Conejo Valley Dental Institute
75 Long Court
Thousand Oaks, CA 91360
805.494.1500

From the North East San Fernando Valley/Simi Valley/Moorpark:

1. Take the 118 west until it turns into Hwy 23 south.
2. From Hwy 23 exit Thousand Oaks Blvd and turn right onto Thousand Oaks Blvd (you must go past the 1st light ~ Hillcrest).
3. About 1/4 of a mile down you'll see Corrigan's Steak House on the left side of the street.
4. Turn left on the street at Corrigan's onto Long Court. The dental office is towards the end of the street on the right side. Turn into the driveway at the sign with the arrow at 75 Long Court and continue up the driveway until you can't drive any further. The dental office is behind the round lab building.

From the Thousand Oaks Area:

From Thousand Oaks Blvd. and Moorpark Rd ~

1. Go east on Thousand Oaks Blvd. towards the 23 freeway.
2. The first street past Hodencamp (about 1/4 of a mile down) is Long Court. You'll see Corrigan's Steak House on the right side of the street
3. Turn right onto Long Court. The dental office is towards the end of the street on the right side. Turn into the driveway at the sign with the arrow at 75 Long Court and continue up the driveway until you can't drive any further. The dental office is behind the round lab building.

From the San Fernando Valley:

1. Take the 101 West, exit Rancho Rd. (approximately 10 miles west of Calabasas) and turn right.
2. Go to Thousand Oaks Blvd. and turn left.
3. About 1/4 of a mile down one you'll see Corrigan's Steak House on the left side of the street. Turn left on the street at Corrigan's onto Long Court. The dental office is towards the end of the street on the right side. Turn into the driveway at the sign with the arrow at 75 Long Court and continue up the driveway until you can't drive any further. The dental office is behind the round lab building.

From Ventura/Oxnard/Camarillo/Santa Barbara:

1. Take 101 Southbound and exit Moorpark Rd. in Thousand Oaks. Turn Left.
2. Go to Thousand Oaks Blvd. (2nd street light) and turn right.
3. About 1/4 of a mile down, one block past the light at Hodencamp Street you'll see Corrigan's Steak House on the right side of the street. Turn right on the street at Corrigan's onto Long Court. The dental office is towards the end of the street on the right side. Turn into the driveway at the sign with the arrow at 75 Long Court and continue up the driveway until you can't drive any further. The dental office is behind the round lab building