



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.

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 six people:

Cheryl & Ashley can assist you in the front office

Debbie & Judy are our dental assistants

Caity & Nikki are our registered dental hygienists

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 website at www.Oakssmile.com for more information regarding our practice.

Sincerely,

Dr. Burton, Cheryl, Ashley, Debbie, Judy, Caity & Nikki



Welcome to the Office

Our Office

Today's Date: _____

About You:

Mr./Mrs./Ms./Dr.

Single/Married
Divorced/Widowed
Male/Female

Name: _____
Last First

Birthday: ____/____/____ Age: ____ SSN: ____ - ____ - ____

Drivers License: _____ Email Address: _____

Home Address: _____
Street City State Zip

Home Number: (____) ____ - ____ Cell Number: (____) ____ - ____

Work Number: (____) ____ - ____ Ext: _____

Employer: _____ Occupation: _____

How did you hear about us? Internet/BNI/Referral/Other Referred by: _____

Other family members seen by us: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: (____) ____ - ____

Dental Insurance Information:

Please give your card to the front desk to make a copy of as well as your Driver's License.

Insurance Company: _____ Phone Number: (____) ____ - ____

Subscriber's Name: _____ Subscriber's Birthday: ____/____/____

ID Number/SSN: _____ Group Number: _____

Relationship: _____ Employer: _____

_____ I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company.

Consents:

I have read and I understand both the Notice of Privacy Practices and the Dental Materials Fact Sheet.

Signature: _____ Date: _____



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 Do you brush daily? Yes/No Type of toothbrush:
Manual/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/Other: _____

Do you have any loose teeth? Yes/No

Previous/Current Dentist: _____ Date of last visit:

Have you ever had any serious complications with prior dental treatments? Yes/No

Are you satisfied with the appearance of your teeth? Yes/No

-If No, what would you like to change? Length/Shade/Spaces/Crowding

Have you experienced any of the following?

-Clicking Yes/No

-Pain Yes/No

-Difficulty opening or closing Yes/No

Do you clench or grind your teeth? Yes/No

Have you had any orthodontic work? Yes/No

Medical History

Physician's Name: _____ Phone Number:

(____) _____ - _____

Current Health: Good/Fair/Poor

Do you smoke tobacco in any form? Yes/No

Have you ever taken Phen-Fen, Redux or Pondimin? Yes/No

For Women: Are you pregnant? Yes/No/Unsure

Week: _____ Are you nursing? Yes/No



Sleep

Do you snore or have you been told you snore? Yes/No

Have you ever had a sleep apnea test? Yes/No

Have you been diagnosed with sleep apnea? Yes/No

- If yes, do you have a CPAP machine or an oral appliance? Yes/No

Are you allergic to the following?

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

Please list any other allergic reactions: _____

Do you or have you experienced the following?

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

Have you had any recent surgeries? Yes/No (If yes please list)



Do you need to pre-medicate before dental appointments? Yes/No
Have you ever taken bisphosphonates? (i.e. Boniva, Actonel, Fosamax) Yes/No
-If yes, IV or Oral? _____

Prescribed Medications

Drug Name: _____ Purpose: _____ Strength: _____

Drug Name: _____ Purpose: _____ Strength: _____

Drug Name: _____ Purpose: _____ Strength: _____

E-mail and text message appointment reminders: sent three weeks & two days before, and the day of your appointment. If you opt in you are authorizing Demand Force to send these reminders to you.

Text messages: Opt in / Opt Out

E-mail: Opt in / Opt Out

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. We use this information to provide you with excellent treatment. We may disclose Patient Health Information (PHI) to third parties that perform services for Rodney P. Burton, DDS in the administration of your benefits in accordance with HIPAA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Rodney P. Burton, DDS in the administration of your benefits. Our affiliates do not sell, share or rent our users' personally identifiable information unless required by law, do not send any e-mail or other communications without user permission, and do not send spam.

Signature: _____ Date: _____

Reviewed: _____ Date: _____

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

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, or to family and friends you approve.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization : In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosure of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law or national security activities.

Abuse or Neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (Such as voicemail messages, e-mails, text messages, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

Amendment: You have the right to request that we amend your health information.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us with the U.S. Department of Health and Human Services. A Privacy/Contact Officer has been designated for this office. The Privacy Officer can be contacted by simply contacting the office and asking to speak to the Office Manager who serves as the Privacy Officer.

Dental Materials – Advantages & Disadvantages

PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

Advantages

- Good resistance to further decay if the restoration fits well
- Very durable, due to metal substructure
- The material does not cause tooth sensitivity
- Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

Advantages

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Wears well; does not cause excessive wear to opposing teeth
- Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

The Facts About Fillings



DENTAL BOARD OF CALIFORNIA

www.dbc.ca.gov

DENTAL BOARD OF CALIFORNIA

www.dbc.ca.gov

Published by
CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
5/04

The Facts About Fillings



Dental Materials Fact Sheet

What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

* *Business and Professions Code 1648.10-1648.20*

Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

Advantages

- Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- Good resistance to further decay if the restoration fits well
- Is resistant to surface wear but can cause some wear on opposing teeth
- Resists leakage because it can be shaped for a very accurate fit
- The material does not cause tooth sensitivity

Disadvantages

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

NICKEL OR COBALT-CHROME ALLOYS

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth



Dental Materials – Advantages & Disadvantages

GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages

- Reasonably good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages

- Very good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Good for non-biting surfaces
- May be used for short-term primary teeth restorations
- May hold up better than glass ionomer but not as well as composite
- Good resistance to leakage
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

Toxicity of Dental Materials

Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

Dental Materials – Advantages & Disadvantages

DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages

- Durable; long lasting
- Wears well; holds up well to the forces of biting
- Relatively inexpensive
- Generally completed in one visit
- Self-sealing; minimal-to-no shrinkage and resists leakage
- Resistance to further decay is high, but can be difficult to find in early stages
- Frequency of repair and replacement is low

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist’s technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient’s cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

COMPOSITE RESIN FILLINGS

Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages

- Strong and durable
- Tooth colored
- Single visit for fillings
- Resists breaking
- Maximum amount of tooth preserved
- Small risk of leakage if bonded only to enamel
- Does not corrode
- Generally holds up well to the forces of biting depending on product used
- Resistance to further decay is moderate and easy to find
- Frequency of repair or replacement is low to moderate

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Moderate occurrence of tooth sensitivity; sensitive to dentist’s method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel



Directions to our office:

From 101 South

Exit Moorpark Road

Turn left onto Moorpark Road

Turn right onto Thousand Oaks Blvd

Turn right onto Baker Ave/Lombard Street (Wells Fargo is on the corner)

Our office will be located on the right-hand side 228 Lombard St., Suite C

From 101 North

Exit Moorpark Road

Turn right onto Moorpark Road

Turn right onto Thousand Oaks Blvd

Turn right onto Baker Ave/Lombard Street (Wells Fargo is on the corner)

Our office will be located on the right-hand side 228 Lombard St., Suite C

