SPRING LAKE DENTAL CARE
DR. PETER CIAMPI AND ASSOCIATES

PERIODONTAL RECARE APPOINTMENT UPDATE

Would you please take few moments and answer the following questions? Thank you.

Please Circle

1. Name:_____
2. Any change in address or phone? _____ YES NO
   a. Cell phone is:_____
   b. Email is: _____
3. Any changes in your dental benefits?_____ YES NO
   _____
4. Are you presently having a dental problem? Please explain. _____ YES NO
   _____
5. Has your medical history changed since your last dental visit? Please explain. __ YES NO
   _____
6. Do you have any allergies? Please list:_____ YES NO
   _____
7. Are you taking any medications or Herbal Supplements? Please list:_____ YES NO
   _____
   _____
8. On a scale of 1 to 10, how would you rate your smile? _____
9. Would you like information about having whiter or straighter teeth? YES NO

Missed or cancelled appointments within (2) business days may be subjected to a charge at the rate of $450/hr for dentist and $155/hr for hygienist.

Patient Signature **Date**

Doctor Signature **Date**

Spring Lake Dental Care

Early Detection with a painless Exam is Your Best Protection

Patient Consent Form-Oral Cancer Screening

Oral cancer rates are on the rise and the seriousness of this disease cannot be overestimated. To address and reduce the incidence of oral cancer, our practice has instituted a voluntary oral cancer screening in line with our policy of providing the most advanced dental care available to our patients.

People at risk are those who use tobacco and alcohol, as well as anyone over 40 years of age. However, statistics show that over 25% of oral cancer victims do not exhibit any of
These risk factors and this year alone over 30,000 Americans will die of oral cancer. As with any cancer early detection is the most critical factor in defeating this disease

Our practice recently incorporated the Velscope into our oral screening standard of care.
We find that using the Velscope along with a visual oral cancer examination improves the ability to identify a suspicious area at its earliest stages. Early detection of pre-cancerous tissue can minimize or eliminate the potentially disfiguring effects of oral cancer and possibly save your life. The exam will be offered to you annually.

The enhanced examination is recognized by the American Dental Association code revision committee as CDT-5 procedure code D0431; however this exam might not be covered by your insurance. The fee for this enhanced examination is $75.00

Yes. I authorize the clinician to perform the Velscope exam along with the standard oral cancer examination. I accept financial responsibility for this enhanced examination

Print Name: _____

Signature: _____Date_____

No. I would prefer not to have the Velscope exam at this time.

Print Name: _____

Signature: _____Date_____

COVID-19 Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. Dental procedures create water spray which is how the disease is spread. The ultra-fine natural of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

1. I confirm I am not presenting any of the following symptoms of COVID-19 listed below:
   - Fever or chills
   - New loss of taste or smell
   - Flu like symptoms

2. Have you been fully vaccinated against COVID-19?

   ☐ Yes

   ☐ No

   ☐ Prefer not to answer

3. Are you self-inoculated from having COVID-19?

   ☐ Yes

   ☐ No

   ☐ Prefer not to answer

Signature: _____

Patient Name: _____

Date: _____