

**Welcome to the office of Dr. Karen Ho!**

**Patient Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Patient Information**

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ SS# \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

If patient is full-time student, name of school \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, who should be notified? \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Physician Name and Phone \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

**Primary Insurance**

**Secondary Insurance (if applicable)**

Policy Holder \_\_\_\_\_

Relation to patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Policy Holder employed by \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

SS# \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Relation to patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different than patient) \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Policy Holder employed by \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

SS# \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

**Office Policy**

Your complete dental needs cannot be known until there has been a full diagnosis, including an exam and x-rays. The charge for all initial exams, x-rays, cleanings and emergency care must be paid at the time the service is performed. When the diagnosis is complete, you and the doctor will discuss the service to be performed and the fee for such service. If an extended payment plan is desired, please ask us about the CareCredit program. When satisfactory financial arrangements have been made, the work to be performed can proceed.

You are ultimately responsible for all charges regardless of any existing dental coverage. Co-payments and deductibles are due at the time of service. This office bills your insurance and submits insurance claims as a courtesy to you. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may be different than your insurance company's calculations; therefore, the amount due to our office may be adjusted accordingly. All recommended treatment is determined to be necessary by the doctor. Failure of your insurance company to pay does NOT indicate the treatment can wait nor waive any of our fees. Itemized statements will be mailed to you every 30 days even when we are billing your insurance. If care and treatment are suspended or terminated, any fees for services rendered will be immediately due and payable. All accounts, on reaching 90 days past due, are subject to submission to an outside collection agency if satisfactory payment arrangements have not been made with the billing office.

I authorize any holder of medical information about me to release to the insurance company and its agent any information needed to determine these benefits or the benefits payable for related services. I request that payment of authorized insurance benefits be made to Karen Ho, D.D.S. for any services furnished to me by Karen Ho, D.D.S.

It is our policy to regularly use various pain reducing anesthetic systems. These procedures are performed to enhance a pleasant dental experience. For a patient who may be using any medications, drugs, or chemicals, it is most important to advise the doctor concerning this fact, as this information is vital in evaluating the type of anesthesia to be used while a person has his or her dentistry completed.

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parents or guardians of minor children must accompany a child or submit written treatment and financial consent at each and every visit.

**MEDICAL HISTORY**

PATIENT NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

- Are you under a physician's care now?  Yes  No If yes, please explain: \_\_\_\_\_
- Have you ever been hospitalized or had a major operation?  Yes  No If yes, please explain: \_\_\_\_\_
- Have you ever had a serious head or neck injury?  Yes  No If yes, please explain: \_\_\_\_\_
- Are you taking any medications, pills, or drugs?  Yes  No If yes, please explain: \_\_\_\_\_
- Do you take, or have you taken, Phen-Fen or Redux?  Yes  No \_\_\_\_\_
- Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?  Yes  No \_\_\_\_\_
- Are you on a special diet?  Yes  No
- Do you use tobacco?  Yes  No
- Do you use controlled substances?  Yes  No

Women: Are you

- Pregnant/Trying to get pregnant?  Yes  No
- Taking oral contraceptives?  Yes  No
- Nursing?  Yes  No

Are you allergic to any of the following?

- Aspirin
- Penicillin
- Codeine
- Local Anesthetics
- Acrylic
- Metal
- Latex
- Sulfa drugs
- Other If yes, please explain: \_\_\_\_\_

Do you have, or have you had, any of the following?

- |  |  |  |   |
|--|--|--|---|
| AIDS/HIV Positive <input type="radio"/> Yes <input type="radio"/> No         | Cortisone Medicine <input type="radio"/> Yes <input type="radio"/> No        | Hemophilia <input type="radio"/> Yes <input type="radio"/> No            | Radiation Treatments <input type="radio"/> Yes <input type="radio"/> No       |
| Alzheimer's Disease <input type="radio"/> Yes <input type="radio"/> No       | Diabetes <input type="radio"/> Yes <input type="radio"/> No                  | Hepatitis A <input type="radio"/> Yes <input type="radio"/> No           | Recent Weight Loss <input type="radio"/> Yes <input type="radio"/> No         |
| Anaphylaxis <input type="radio"/> Yes <input type="radio"/> No               | Drug Addiction <input type="radio"/> Yes <input type="radio"/> No            | Hepatitis B or C <input type="radio"/> Yes <input type="radio"/> No      | Renal Dialysis <input type="radio"/> Yes <input type="radio"/> No             |
| Anemia <input type="radio"/> Yes <input type="radio"/> No                    | Easily Winded <input type="radio"/> Yes <input type="radio"/> No             | Herpes <input type="radio"/> Yes <input type="radio"/> No                | Rheumatic Fever <input type="radio"/> Yes <input type="radio"/> No            |
| Angina <input type="radio"/> Yes <input type="radio"/> No                    | Emphysema <input type="radio"/> Yes <input type="radio"/> No                 | High Blood Pressure <input type="radio"/> Yes <input type="radio"/> No   | Rheumatism <input type="radio"/> Yes <input type="radio"/> No                 |
| Arthritis/Gout <input type="radio"/> Yes <input type="radio"/> No            | Epilepsy or Seizures <input type="radio"/> Yes <input type="radio"/> No      | High Cholesterol <input type="radio"/> Yes <input type="radio"/> No      | Scarlet Fever <input type="radio"/> Yes <input type="radio"/> No              |
| Artificial Heart Valve <input type="radio"/> Yes <input type="radio"/> No    | Excessive Bleeding <input type="radio"/> Yes <input type="radio"/> No        | Hives or Rash <input type="radio"/> Yes <input type="radio"/> No         | Shingles <input type="radio"/> Yes <input type="radio"/> No                   |
| Artificial Joint <input type="radio"/> Yes <input type="radio"/> No          | Excessive Thirst <input type="radio"/> Yes <input type="radio"/> No          | Hypoglycemia <input type="radio"/> Yes <input type="radio"/> No          | Sickle Cell Disease <input type="radio"/> Yes <input type="radio"/> No        |
| Asthma <input type="radio"/> Yes <input type="radio"/> No                    | Fainting Spells/Dizziness <input type="radio"/> Yes <input type="radio"/> No | Irregular Heartbeat <input type="radio"/> Yes <input type="radio"/> No   | Sinus Trouble <input type="radio"/> Yes <input type="radio"/> No              |
| Blood Disease <input type="radio"/> Yes <input type="radio"/> No             | Frequent Cough <input type="radio"/> Yes <input type="radio"/> No            | Kidney Problems <input type="radio"/> Yes <input type="radio"/> No       | Spina Bifida <input type="radio"/> Yes <input type="radio"/> No               |
| Blood Transfusion <input type="radio"/> Yes <input type="radio"/> No         | Frequent Diarrhea <input type="radio"/> Yes <input type="radio"/> No         | Leukemia <input type="radio"/> Yes <input type="radio"/> No              | Stomach/Intestinal Disease <input type="radio"/> Yes <input type="radio"/> No |
| Breathing Problem <input type="radio"/> Yes <input type="radio"/> No         | Frequent Headaches <input type="radio"/> Yes <input type="radio"/> No        | Liver Disease <input type="radio"/> Yes <input type="radio"/> No         | Stroke <input type="radio"/> Yes <input type="radio"/> No                     |
| Bruise Easily <input type="radio"/> Yes <input type="radio"/> No             | Genital Herpes <input type="radio"/> Yes <input type="radio"/> No            | Low Blood Pressure <input type="radio"/> Yes <input type="radio"/> No    | Swelling of Limbs <input type="radio"/> Yes <input type="radio"/> No          |
| Cancer <input type="radio"/> Yes <input type="radio"/> No                    | Glaucoma <input type="radio"/> Yes <input type="radio"/> No                  | Lung Disease <input type="radio"/> Yes <input type="radio"/> No          | Thyroid Disease <input type="radio"/> Yes <input type="radio"/> No            |
| Chemotherapy <input type="radio"/> Yes <input type="radio"/> No              | Hay Fever <input type="radio"/> Yes <input type="radio"/> No                 | Mitral Valve Prolapse <input type="radio"/> Yes <input type="radio"/> No | Tonsillitis <input type="radio"/> Yes <input type="radio"/> No                |
| Chest Pains <input type="radio"/> Yes <input type="radio"/> No               | Heart Attack/Failure <input type="radio"/> Yes <input type="radio"/> No      | Osteoporosis <input type="radio"/> Yes <input type="radio"/> No          | Tuberculosis <input type="radio"/> Yes <input type="radio"/> No               |
| Cold Sores/Fever Blisters <input type="radio"/> Yes <input type="radio"/> No | Heart Murmur <input type="radio"/> Yes <input type="radio"/> No              | Pain in Jaw Joints <input type="radio"/> Yes <input type="radio"/> No    | Tumors or Growths <input type="radio"/> Yes <input type="radio"/> No          |
| Congenital Heart Disorder <input type="radio"/> Yes <input type="radio"/> No | Heart Pacemaker <input type="radio"/> Yes <input type="radio"/> No           | Parathyroid Disease <input type="radio"/> Yes <input type="radio"/> No   | Ulcers <input type="radio"/> Yes <input type="radio"/> No                     |
| Convulsions <input type="radio"/> Yes <input type="radio"/> No               | Heart Trouble/Disease <input type="radio"/> Yes <input type="radio"/> No     | Psychiatric Care <input type="radio"/> Yes <input type="radio"/> No      | Venereal Disease <input type="radio"/> Yes <input type="radio"/> No           |
|  |  |  | Yellow Jaundice <input type="radio"/> Yes <input type="radio"/> No            |

Have you ever had any serious illness not listed above?  Yes  No

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

SIGNATURE OF PATIENT, PARENT, or GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Karen Ho, D.D.S., Inc  
1930 S. Bascom Avenue, Suite 220  
Campbell, CA 95008  
(408) 558-9444

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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\* You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of this  
office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but  
acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Karen Ho, D.D.S., Inc  
1930 S. Bascom Avenue, Suite 220  
Campbell, CA 95008  
(408) 558-9444

**PATIENT PHOTO CONSENT FORM**

I give permission to Dr. Karen Ho to take photos as part of my dental records.  
These photos taken may be used for case presentations, to obtain payment from insurance companies as well as case review within our office and/or your referring dentist.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Karen Ho, D.D.S., Inc**

1930 S. Bascom Avenue, Suite 220 Campbell, CA 95008 (408) 558-9444 [info@drkarenho.com](mailto:info@drkarenho.com)

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**Broken Appointment Policy**

**We reserve the right to charge for appointments that are cancelled or broken without 48 hours notice.**

**Our office policy is to charge \$50.00 per thirty minutes of scheduled time.**

**Any broken appointment charges will need to be taken care of before you will be able to reschedule for another appointment.**

**We understand that emergencies arise unexpectedly, and we will carefully assess each instance before applying any broken appointment fees.**

**We are closed on Fridays. If you have a Monday appointment we would need to hear about any cancellations by the previous Wednesday.**

**I, the undersigned, have read and understand the broken appointment policy. I agree to pay any fees that are charged, should I fail to keep an appointment.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

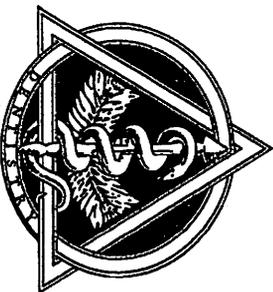
<p><b>This table will help you understand the major differences between the 3 most popular plans of dental benefits - with Indemnity Insurance being the best and HMO's being the worst.</b></p>	<p><b>Traditional Indemnity Dental Insurance</b></p> <p>These plans were the original dental benefit plans that have provided good dental coverage for decades. This is the best of all 3 plans</p>	<p><b>Professional Provider Organization (PPO )</b></p> <p>These organizations provide dentistry through contracted dentists who agree to accept lower fees.</p>	<p><b>Health Maintenance Organization (HMO )</b></p> <p>Minimum dentistry is provided through contracted dentists who agree to small monthly capitation payments for each employee/patient regardless if services are performed or not.</p>
<p><b>Patient's Freedom of Choice</b></p>	<p>Patients choose their own dentist.(most freedom of choice)</p>	<p>Patients have more freedom of choice than with an HMO, but pay more for care from a non-preferred provider.</p>	<p>Patients are restricted to a list of designated providers. (least freedom of choice)</p>
<p><b>Benefits</b></p>	<p>The levels and coverage are defined by a contract, and generally provide more comprehensive services than PPO's &amp; HMO's.</p>	<p>Enrolled members receive services at a reduced cost when the services are delivered by a preferred provider.</p>	<p>Enrolled members receive minimum comprehensive services when care is provided by a plan provider.</p>
<p><b>Utilization</b></p>	<p>May or may not be controlled by the carrier.</p>	<p>Less controlled than an HMO.</p>	<p>Providers receive a financial incentive to control utilization.</p>
<p><b>Payment to the Providing Dentist</b></p>	<p>Dentists are paid (indemnified) for services by the insurance company and the patients.</p>	<p>Dentists are paid on the basis of a discounted fee schedule.</p>	<p>Dentists are paid a small dollar amount per member per month regardless of services rendered.</p>
<p><b>Cost to patient</b></p>	<p>Usually the most expensive.</p>	<p>Less expensive than an indemnity plan.</p>	<p>Least expensive.</p>

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# Dental Insurance

## The Facts

### A GUIDE TO HELP YOU UNDERSTAND YOUR DENTAL INSURANCE OPTIONS



**Dental Insurance** has benefited many patients and dental offices over the past 40 years. It has allowed thousands of people to take better care of their teeth and has brought many new patients into dental offices.

But now, we are seeing a significant increase in "managed health care" companies that decreases the patient's freedom of choice and many believe decreases the quality of care.

Your employer may present you with this option in order to reduce their benefit costs. You can use this brochure as a guide to help you understand and compare the various benefit plans.

## FACTS

- #1** Your insurance plan is a contract between your employer and the insurance company. All patients are financially responsible for their accounts. The insurance company is responsible to the patient. Specific questions should be directed to your insurance carrier or your employer.
- #2** No insurance plan covers all dental expenses. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is the patient's responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by their insurance company.
- #3** Many routine dental services are not covered by insurance companies.
- #4** The benefits the patient receives are determined by how much the employer pays for the plan. The less expensive the plan, the fewer the benefits.
- #5** Insurance companies are in business to make money. They make more by paying

fewer benefits. They also profit more by waiting to pay claims and by making dentists send in pre-estimates on the more expensive procedures. Delays in treatment results in less treatment.

- #6** It has been the experience of many dentists that sometimes insurance companies tell their clients that certain dental fees are "above the usual and customary" or UCR, rather than tell them that the insurance benefits are too low. We know that some insurance companies do not upgrade fee schedules regularly, even with the cost of living index.
- #7** In 1971, your dental insurance benefits for a year were approximately \$1,000. Although your plan's premiums have greatly increased over the years, many plans still have the same maximum annual benefit. Adjusting for inflation, it should be around \$4,500.
- #8** Dentists who sign up to participate in managed health care plans agree to accept a significant decrease in their fees for the services they provide.
- #9** With the increase of managed health care, the patients are losing their right to choose their own dentist. They are restricted to a list of dentists who agree to accept a lower fee.
- #10** With the increase of managed health care, patients are losing their freedom to receive the dentistry of their choice based on the recommendations of the ADA and of their dentist.
- #11** The trend with managed health care is that patients are losing more and more of their freedoms and coverage of quality dentistry, and the dentists receive less compensation for their services.

**#12** Many insurance companies accuse the dental profession of not controlling costs. Look at the facts:

- In efforts to keep dental health care cost down, dentists' incomes have not kept up with the cost of living in 22 out of the last 23 years.
- Insurance companies are constantly decreasing the availability of quality services to the patient.
- Insurance companies are recording record profits with bonuses to their individual CEO's ranging from \$2.8 - \$15.5 million.

## OPINIONS

The following are NOT FACTS based on any documented study. Although, they are the general opinions of most health care providers and many patients concerning Managed Health Care plans that are replacing many traditional plans.

- Dental offices are encouraged to do the least amount of dentistry as possible without concern for the patient's well being.
- Dental offices will be tempted to use inferior supplies and laboratories when treating discounted managed care patients.
- Many managed care patients may not receive the same quality treatment as traditional full fee-for-service patients.
- Many offices give preferential appointment times and courtesies to traditional full fee-for-service patients compared to their managed care patients.
- Many dentists prefer not to compromise their services, and therefore choose not to participate in these plans.

The following document is the Dental Board of California's Dental Materials Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of this Dental Materials Fact Sheet, and its linkage to the DCA website does not constitute an endorsement of the content of this document.

**The Dental Board of California  
Dental Materials Fact Sheet  
Adopted by the Board on October 17, 2001**

As required by Chapter 801, Statutes of 1992, the Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's dental needs. It is not intended to be a complete guide to dental materials science.

The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin-ionomer cement, porcelain (ceramic), porcelain (fused-to-metal), gold alloys (inlays) and nickel or cobalt-chromium (base-metal) alloys. Each material has its own advantages and disadvantages, benefits and risks. These and other relevant factors are compared in the attached matrix titled "Comparisons of Restorative Dental Materials." A Glossary of Terms\* is also attached to assist the reader in understanding the terms used.

The statements made are supported by relevant, credible dental research published mainly between 1983 - 2001. In some cases, where contemporary research is sparse, we have indicated our best perceptions based upon information that predates 1983.

The reader should be aware that the outcome of dental treatment or durability of a restoration is not solely a function of the material from which the restoration was made. The durability of any restoration is influenced by the dentist's technique when placing the restoration, the auxiliary materials used in the procedure, and the patient's cooperation during the procedure. Following restoration of the teeth, the longevity of the restoration will be strongly influenced by the patient's compliance with dental hygiene and home care, their diet and chewing habits.

Both the public and the dental profession are concerned about the safety of dental treatment and any potential health risks that might be associated with the materials used to restore the teeth. All materials commonly used (and listed in this fact sheet) have been shown - through laboratory and clinical research, as well as through extensive clinical use - to be safe and effective for the general population. The presence of these materials in the teeth does not cause adverse health problems for the majority of the population. There exist a diversity of various scientific opinions regarding the safety of mercury dental amalgams. The research literature in peer-reviewed scientific journals suggests that otherwise healthy women, children and dentists are not at increased risk of exposure to mercury from dental amalgams. Although there are various opinions with regard to mercury risk in pregnancy, diabetes, and children, these opinions are not scientifically conclusive and therefore the dentist may want to discuss these opinions with their patients. There is no research evidence that suggests pregnant women, diabetics and children are at increased health risk from dental amalgam fillings in their mouths. A recent study reported in the JADA factors in a reduced tolerance (LD50\* of the WHO scale list) for exposure in calculating the amount of mercury that might be taken in from dental fillings. This level falls below the established safe limits for exposure to a low concentration of mercury or any other released component from a dental restorative material. Thus, while these sub-populations may be perceived to be at increased health risk from exposure to dental restorative materials, the scientific evidence does not support that claim. However, there are individuals who may be susceptible to sensitivity, allergy or adverse reactions to selected materials. As with all dental materials, the risks and benefits should be discussed with the patient, especially with those in susceptible populations.

There are differences between dental materials and the individual elements or components that compose these materials. For example, dental amalgam filling material is composed mainly of mercury (43-54%) and varying percentages of silver, tin, and copper (46-57%). It should be noted that elemental mercury is listed on the Proposition 65 list of known carcinogens and endocrine disruptors. Like all materials in our environment, each of these elements by themselves is toxic at some level of concentration if they are taken into the body. When they are mixed together, they react chemically to form a crystalline metal alloy. Small amounts of free mercury may be released from amalgam fillings over time and can be detected in bodily fluids and expired air. The important question is whether any free mercury is present in sufficient levels to pose a health risk. Toxicity of any substance is related to dose, and doses of mercury or any other element that may be released from dental amalgam fillings falls far below the established safe levels as stated in the 1999 US Health and Human Services Toxicological Profile for Mercury Update.

All dental restorative materials (as well as all materials that we come in contact with in our daily life) have the potential to elicit allergic reactions in hypersensitive individuals. These must be assessed on a case-by-case basis, and susceptible individuals should avoid contact with allergic materials. Documented reports of allergic reactions to dental amalgam exist (usually manifested by transient skin rashes in individuals who have come into contact with the material), but they are slight. Documented reports of toxicity to dental amalgam exist, but they are rare. There have been anecdotal reports of toxicity to dental amalgam and as with all dental materials risks and benefits of dental amalgam should be discussed with the patient, especially with those in susceptible populations.

Composite resins are the preferred alternative to amalgam in many cases. They have a long history of biocompatibility and safety. Composite resins are composed of a variety of complex inorganic and organic compounds, any of which might provoke allergic response in susceptible individuals. Reports of such sensitivity are slight. However, there are individuals who may be susceptible to sensitivity, allergy or adverse reactions to composite resin restorations. The risks and benefits of all dental materials should be discussed with the patient, especially with those in susceptible populations.

Other dental materials that have elicited significant concern among dentists are nickel-chromium-beryllium alloys used predominantly for crowns and bridges. Approximately 10% of the female population are alleged to be allergic to nickel. The incidence of allergic response to dental restorations made from dental alloys is surprisingly rare. However, when a patient has a positive history of confirmed nickel allergy, or when such hypersensitivity to dental restorations is suspected, alternative metal alloys may be used. Discussion with the patient of the risks and benefits of these materials is indicated.

\* Dental Amalgam: A scientific review and recommended public health service strategy for research, education and regulation, Dept. of Health and Human Services, Public Health Service, January 1993

\* Merck Index 1983 Tenth Edition, M Narhe Woodlief 2, pch

**Comparisons of Direct Restorative Dental Materials**

COMPARATIVE FACTORS	TYPES OF DIRECT RESTORATIVE DENTAL MATERIALS			
	AMALGAM	COMPOSITE RESIN (DIRECT AND INDIRECT RESTORATIONS)	GLASS IONOMER CEMENT	RESIN-IONOMER CEMENT
General Description	Self-hardening mixture in varying percentages of a liquid mercury and silver-tin alloy powder.	Mixture of powdered glass and plastic resin. Self-hardening or hardened by exposure to blue light.	Self-hardening mixture of glass and organic acid.	Mixture of glass and resin polymer and organic acid; self-hardening by exposure to blue light.
Principal Uses	Filling, sometimes for replacing portions of broken teeth.	Fillings, inlays, veneers, partial and complete crowns; sometimes for replacing portions of broken teeth.	Small fillings; cementing metal & porcelain/metal crowns, inlays. Temporary restorations.	Small fillings; cementing metal & porcelain/metal crowns, and inlays.
Resistance to Further Decay	High; self-sealing characteristic helps resist recurrent decay; but recurrent decay around amalgam is difficult to detect in its early stages.	Moderate; recurrent decay is easily detected in early stages.	Low-Moderate; some resistance to decay may be imparted through fluoride release.	Low-Moderate; some resistance to decay may be imparted through fluoride release.
Estimated Durability (Permanent teeth)	Decades.	Strong, durable.	Non-stress bearing crown cement.	Non-stress bearing crown cement.
Relative Amount of Tooth Preserved	Fair. Requires removal of healthy tooth to be mechanically retained; No adhesive bond of amalgam to the tooth.	Excellent; bonds adhesively to healthy enamel and dentin.	Excellent; bonds adhesively to healthy enamel and dentin.	Excellent; bonds adhesively to healthy enamel and dentin.
Resistance to Surface Wear	Low. Fairer to dental enamel, little metal.	May wear slightly faster than dental enamel.	Poor in stress-bearing applications. Fair in non-stress bearing.	Poor in stress-bearing applications. Good in non-stress bearing applications.
Resistance to Fracture	Amalgam may fracture under stress; tooth around filling may fracture before the amalgam does.	Good resistance to fracture.	Good; low resistance to fracture but not recommended for stress-bearing restorations.	Tougher than glass ionomer; recommended for stress-bearing restorations in adults.
Resistance to Leachage	Good; self-sealing by surface corrosion; margins may chip over time.	Good if bonded to enamel; may show leachage over time when bonded to dentin. Does not corrode.	Moderate; tends to crack over time.	Good; adhesively bonds to resin, enamel, dentin; post-restoration expansion may help seal the margins.
Resistance to Occlusal Stress	High; but lack of adhesion may weaken the remaining tooth.	Good to Excellent depending upon product used.	Poor; not recommended for stress-bearing restorations.	Moderate; not recommended to restore biting surfaces of adults; suitable for adult-lens primary tooth restorations.
Toxicity	Generally safe; occasional allergic reactions to metal components. However amalgams contain mercury. Mercury in its elemental form is toxic and as such is listed on prop 65.	Concerns about trace chemical release are not supported by research studies. Safe; no known toxicity documented. Contains some compounds listed on prop 65.	No known incompatibilities. Safe; no known toxicity documented.	No known incompatibilities. Safe; no known toxicity documented.
Allergic or Adverse Reactions	Fair; recommend that dentist first recommend that dentist evaluate patient to rule out dental allergies.	No documentation for allergic reactions was found.	No documentation for allergic reactions was found. Progressive roughening of the surface may predispose to plaque accumulation and periodontal disease.	No known documented allergic reactions; dentists may respond slightly over time; predisposing to plaque accumulation and periodontal disease if the material contacts the gingival tissue.
Susceptibility to Post-Operative Sensitivity	Mild to High thermal conductivity may promote temporary sensitivity to hot and cold; Contact with other metals may cause occasional and transient allergic responses.	Moderate; Material is sensitive to dentists' techniques; detached particles slightly when hardened, and a poor seal may lead to bacterial leakage, recurrent decay and tooth hypersensitivity.	Low; minimal seals well and does not irritate pulp.	Low; minimal seals well and does not irritate pulp.
Ethetics (Appearance)	Very poor. Not tooth colored. Inlays silver-gray, gate color; becoming black as it corrodes. May stain teeth dark brown or black over time.	Excellent; often indistinguishable from natural teeth.	Good; tooth colored, varies in transparency.	Very good; more transparency than glass ionomer.
Frequency of Repair or Replacement	Low; replacement is usually due to fracture of the filling or the surrounding tooth.	Low-Moderate; durable material hardens rapidly; some composite materials show more rapid wear than amalgam. Replacement is usually due to marginal leakage.	Moderate; Slowly discolored in acidic, easily dislodged.	Moderate; those resistant to discoloring than glass ionomer, but less than composite resin.
Relative Costs to Patient	Low, relatively inexpensive; actual cost of filling depends upon their size.	Moderate; higher than amalgam fillings; actual cost of filling depends upon their size; veneers & crowns cost more.	Moderate; similar to composite resin (not used for veneers and crowns).	Moderate; similar to composite resin (not used for veneers and crowns).
Number of Visits Required	Single visit (polishing may require a second visit)	Single visit for fillings; 2+ visits for indirect inlays, veneers and crowns.	Single visit.	Single visit.

## Comparisons of Indirect Restorative Dental Materials

TYPES OF INDIRECT RESTORATIVE DENTAL MATERIALS				
COMPARATIVE FACTORS	PORCELAIN (CERAMIC)	PORCELAIN (FUSED-TO-METAL)	GOLD ALLOYS (NOBLE)	NICKEL OR COBALT-CHROME (BASE-METAL) ALLOYS
General Description	Glass-like material formed into fillings and crowns using models of the prepared teeth.	Glass-like material that is "enamelled" onto metal shells. Used for crowns and fixed-bridges.	Mixture of gold, copper and other metals used mainly for crowns and fixed bridges.	Mixture of nickel, chromium.
Principle Uses	Inlays, veneers, crowns and fixed-bridges.	Crowns and fixed-bridges.	Cast crowns and fixed bridges; some partial denture frameworks.	Crowns and fixed bridges; most partial denture frameworks.
Resistance to Further Decay	Good, if the restoration fits well.	Good, if the restoration fits well.	Good if the restoration fits well.	Good if the restoration fits well.
Estimated Durability (permanent teeth)	Moderate; brittle material that may fracture under high biting forces. Not recommended for posterior (molar) teeth.	Very good. Less susceptible to fracture due to the metal substructure.	Excellent. Does not fracture under stress; does not corrode in the mouth.	Excellent. Does not fracture under stress; does not corrode in the mouth.
Relative Amount of Tooth Preserved	Good - Moderate. Little removal of natural tooth is necessary for veneers; more for crowns since strength is related to its bulk.	Moderate-High. More tooth must be removed to permit the metal to accompany the porcelain.	Good. A strong material that requires removal of a thin outside layer of the tooth.	Good. A strong material that requires removal of a thin outside layer of the tooth.
Resistance to Surface Wear	Resistant to surface wear; but abrasive to opposing teeth.	Resistant to surface wear; permits either metal or porcelain on the biting surface of crowns and bridges.	Similar hardness to natural enamel; does not abrade opposing teeth.	Harder than natural enamel but not abrasively abrasive to opposing natural teeth. Does not fracture in bulk.
Resistance to Fracture	Poor resistance to fracture.	Porcelain may fracture.	Does not fracture in bulk.	Does not fracture in bulk.
Resistance to Leakage	Very good. Can be fabricated for very accurate fit of the margins of the crowns.	Good - Very good depending upon design of the margins of the crowns.	Very good - Excellent. Can be formed with great precision and can be tightly adapted to the tooth.	Good-Very good - Better than gold; less adaptable, but can be formed with great precision.
Resistance to Occlusal Stress	Moderate; brittle material susceptible to fracture under biting forces.	Very good. Metal substructure gives high resistance to fracture.	Excellent	Excellent
Toxicity	Excellent. No known adverse effects.	Very Good to Excellent. Occasional rare allergy to metal alloys used.	Excellent; Rare allergy to some alloys.	Good; Nickel allergies are common among women, although rarely manifested in dental restorations.
Allergic or Adverse Reactions	None	Rare. Occasional allergy to metal substructures.	Rare; occasional allergic reactions seen in susceptible individuals.	Occasional; infrequent reactions to nickel.
Susceptibility to Post-Operative Sensitivity	Not material dependent; does not conduct heat and cold well.	Not material dependent; does not conduct heat and cold well.	Conducts heat and cold; may irritate sensitive teeth.	Conducts heat and cold; may irritate sensitive teeth.
Esthetics (Appearance)	Excellent	Good to Excellent	Poor - yellow metal	Poor - dark silver metal
Frequency of Repair or Replacement	Varies; depends upon biting forces; fractures of molar teeth are more likely than anterior teeth; porcelain fracture may often be repaired with composite resin.	Infrequent; porcelain fracture can often be repaired with composite resin.	Infrequent; replacement is usually due to recurrent decay around margins	Infrequent; replacement is usually due to recurrent decay around margins.
Relative Costs to Patient	High; requires at least two office visits and laboratory services.	High; requires at least two office visits and laboratory services.	High; requires at least two office visits and laboratory services.	High; requires at least two office visits and laboratory services.
Number of Visits Required	Two - minimum; matching esthetics of teeth may require more visits.	Two - minimum; matching esthetics of teeth may require more visits.	Two - minimum	Two - minimum

## Glossary of Terms

**General Description** - Brief statement of the composition and behavior of the dental material

**Principle Uses** - The types of dental restorations that are made from this material.

**Resistance to further decay** - The general ability of the material to prevent decay around it.

**Longevity/Durability** - The probable average length of time before the material will have to be replaced. (This will depend upon many factors unrelated to the material such as biting habits of the patient, their diet, the strength of their bite, oral hygiene, etc.)

**Conservation of Tooth Structure** - A general measure of how much tooth needs to be removed in order to place and retain the material.

**Surface Wear/Fracture Resistance** - A general measure of how well the material holds up over time under the forces of biting, grinding, clenching, etc.

**Marginal Integrity (Leakage)** - An indication of the ability of the material to seal the interface between the restoration and the tooth, thereby helping to prevent sensitivity and new decay.

**Resistance to Occlusal Stress** - The ability of the material to survive heavy biting forces over time.

**Biocompatibility** - The effect, if any, of the material on the general overall health of the patient.

**Allergic or Adverse Reactions** - Possible systemic or localized reactions of the skin, gums and other tissues to the material.

**Toxicity** - An indication of the ability of the material to interfere with normal physiologic processes beyond the mouth.

**Susceptibility to Sensitivity** - An indication of the probability that the restored teeth may be sensitive of stimuli (heat, cold, sweet, pressure) after the material is placed in them.

**Esthetics** - An indication of the degree to which the material resembles natural tooth.

**Frequency of Repair or Replacement** - An indication of the expected longevity of the restoration made from this material.

**Relative Cost** - A qualitative indication of what one would pay for a restoration made from this material compared to all the rest.

**Number of Visits Required** - How many times a patient would usually have to go to the dentist's office in order to get a restoration made from this material.

**Dental Amalgam** - Filling material which is composed mainly of mercury (43-64%) and varying percentages of silver, tin, and copper (48-67%).

# 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 April 14, 2003, 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.

For more information about our privacy practices, or to request a copy of our Notice please contact us using the information listed on this website.

## 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.

**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. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar items of health information.

**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.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of restricted health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

## PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information). We may charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Website or by electronic mail (e-mail) you are entitled to receive this Notice in written form.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us at the address or phone number provided on this website.

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 on this website. 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 or with the U.S. Department of Health and Human Services.

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