



**RICHMOND  
PEDIATRIC  
DENTISTRY &  
ORTHODONTICS**

**Permanent/Primary Front Teeth Fillings**

During the course of treatment for your child in our practice, there is a chance that they may require a bonded white filling(s) to be placed on his/her (permanent or primary) front tooth/teeth. Front tooth fillings (bondings) are very fragile and are prone to breaking when force is placed upon them. Some examples of this are biting or chewing of toys, pencils, hard foods (harder than a hotdog), grinding, nail biting, etc. With proper care and in following the instructions of your dentist, it is possible to extend the longevity of these filling(s) until the child is older and can receive a permanent full coverage restoration if for a permanent tooth. These fillings may need to be partially or completely replaced due to fracture or debonding, or adjusted for size, shape, or shade until the child is old enough to receive a permanent restoration. Please be advised, insurance companies typically will not pay for a front tooth filling more than once. Therefore, in the event that your child required re-treatment of the tooth due to breakage or wear over any period of time following the placement of the filling, will very likely be an out of pocket expense.

**Tooth Restorations and Food Dyes**

Tooth restorations such as fillings, bondings, crowns, etc are prone to staining from some food dyes. Certain candies, drinks, and snacks contain colorings that can and do discolor teeth and restorations, sometimes permanently. In the event that such discoloration or staining occurs, repair or replacement of a restoration will also generally be an out of pocket expense due to the common practice of most insurance companies to only pay for a restoration to be placed the initial time. It is our recommendation that your child avoid consuming any brightly colored artificial food dyes.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Office Policies

### Recall Appointments

Broken appointments or short-term cancellations (within 24 hours, weekends not included) without proper notification can be costly and unfair to other patients who need appointments. We try to remind patients by telephone prior to the appointment, but please do not depend on this courtesy. If we are unable to reach you, your appointment card will serve as confirmation of your appointment and implies your obligation to be present. If you are running late, please notify us. Depending on your arrival time, arriving late is considered a broken appointment and will require rescheduling so that other patients are not kept waiting. **Please be informed that 2 missed appointments will result in a \$25.00 charge for each patient. This fee must be paid prior to scheduling any future appointments.** Repeated broken appointments and short-term cancellations may be subject to dismissal from the practice. \_\_\_\_\_ INITIAL

\*During the school months, late afternoon appointments are in high demand. We try to honor after school requests and ask that you help us by understanding when we need to appoint during school hours. We will gladly provide you with a school excuse for your child.

### Restorative Appointments

#### *Conscious Oral Sedation & Nitrous Oxide (laughing gas) Appointments*

As a courtesy, our office will attempt to contact you for confirmation before the appointment. However, we do ask that parents and/or guardians assume responsibility for their appointment time. **Failure to provide our office with 2 business days' notice (weekends not included) will result in a \$50.00 charge per 15 minutes of scheduled appointment time.** If the appointment is missed due to a sudden illness, a note from the child's doctor will suffice. Cancellation of all future appointments for your child and family members will be suspended until the broken appointment fee is paid in full. \_\_\_\_\_ INITIAL

**\*\*Some insurance companies will not allow a practice to charge a broken appointment fee for missed appointments. This results in the release of the family from our practice.** \_\_\_\_\_ INITIAL

If you have any questions about this policy, do not hesitate to ask any member of our staff, they will be glad to answer your questions. We believe that good communication is the key to excellence in dental care.

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Patient/Responsible Party Signature

Date



# Richmond Pediatric Dentistry and Orthodontics

(804) 741-2226

www.RPDO.com

2560 Gaskins Road, Richmond, VA 23238  
7521 Right Flank Road, Suite 110, Mechanicsville, VA 23116  
12270 West Broad Street, Richmond, VA 23233

## CHILD'S INFORMATION AND HEALTH HISTORY

INITIAL EXAM \_\_\_\_\_ DATE \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(Name Child Prefers)

CHILD'S ADDRESS \_\_\_\_\_ HOME PHONE(\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PREFERRED PHONE(\_\_\_\_) \_\_\_\_\_

HOBBIES AND INTERESTS \_\_\_\_\_ GENDER M / F

BROTHERS AND SISTERS NAMES \_\_\_\_\_

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PARENT ( Guardian) NAME \_\_\_\_\_ Relation to Patient \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE(\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ S.S# \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BUSINESS PHONE(\_\_\_\_) \_\_\_\_\_

PARENT ( Guardian) NAME \_\_\_\_\_ Relation to Patient \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE(\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ S.S# \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BUSINESS PHONE(\_\_\_\_) \_\_\_\_\_

NAME OF FRIEND OR NEIGHBOR WHO CAN REACH YOU IN CASE OF EMERGENCY \_\_\_\_\_

HOME NUMBER (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

DENTAL INSURANCE PLAN (IF ANY) \_\_\_\_\_ SUBSCRIBER NAME \_\_\_\_\_

POLICY# \_\_\_\_\_ GROUP# \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pediatrician _____      | <input type="checkbox"/> Insurance Carrier _____ | <input type="checkbox"/> Family/Friend _____ |
| <input type="checkbox"/> Dentist _____           | <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Website _____       |
| <input type="checkbox"/> Health Department _____ | <input type="checkbox"/> Internet _____          | <input type="checkbox"/> Other _____         |





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HIPAA Consent Form  
Acknowledgement of Receipt of Privacy Practices

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

HIPAA is a federal law developed to provide a standard for the protection of your health information. The purpose of the Notice of Privacy Practices is to explain how Richmond Pediatric Dentistry and Orthodontics may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations. Though we have always taken great care to protect the integrity and confidentiality of your health care information, we are now required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have received the Notice. Signing below indicated that you have read the Notice of Privacy Practices.

I hereby acknowledge that I have received a copy of Richmond Pediatric Dentistry and Orthodontics Notice of Privacy Practices. \_\_\_\_\_ (Initials of patient/guardian)

Medical Information may be shared, obtained, and exchanged verbally or in writing with:

\_\_\_\_\_  
(Name/relationship)

\_\_\_\_\_  
(Name/relationship)

\_\_\_\_\_  
(Name/relationship)

Please list an emergency contact below in the event we are unable to reach you:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

All professional services rendered are charged to the patient's responsibility. All fees, regardless of insurance coverage, are the responsibility of the responsible party. I understand my signature authorizes releasing of the information to the insurer.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date Signed