



PROTOclinics

Certified Specialist in **P R O S T H O D O N T I C S**

Suite 1403 – 805 West Broadway – Vancouver, BC V5Z 1K1

www.Prosthodontist.ca

Patient Personal Information & Medical Information

Name: (Ms. Miss. Mrs. Mr. Dr.) _____ Sex: (M/F) _____

Birth Date: (dd/mm/yy): _____ Age: (yrs) _____ CareCard #: _____

Address: _____ City _____ Post Code _____

Phone (Home): _____ (Cellular) : _____ (Work): _____

Email: _____ [Please circle the best place to reach you during the day: Home / Cell / Work / Email]

Emergency Contact Name: _____ Relationship _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Referring Doctor: _____ Phone: _____

1. Have you any Allergies, Sensitivities, or any Unusual Reactions to Local Anesthetics or any Medications? Or warned against the use of any Drug or Medication? (YES / NO) _____

2. Please list all current Prescription, Non-Prescription Medications, Vitamins, Herbal Remedies, or other Medications:

3. Have you ever had a Major Illness or have been Hospitalized? (YES/NO) _____

4. Are you being treated for any Medical Conditions? (YES NO) _____

5. Please circle any of the following problems you have or have had.

| | | | | |
|-------------------|---------------------|-----------------------|-----------------------|---------------------|
| Adrenal Disease | Chemotherapy | Fainting/ Dizziness | Immunosuppression | Neck Difficulties |
| AIDS/HIV+/ARC | Chest Pain | Glaucoma | Intestinal Disease | Parathyroid Disease |
| Alzheimer's | Cold Sores | Gout | Irregular Heart Beat | Persistent Cough |
| Anaphylaxis | Convulsion | Heart Abnormality | Jaundice | Psychiatric care |
| Anemia | Convulsion | Heart Attack/ Failure | Joint Pain/ Swelling | Radiation Therapy |
| Angina | Cortisone/ Steroids | Heart Murmur | Kidney Problem | Renal Dialysis |
| Arthritis | Diabetes | Heart Pacemaker | Leukemia | Rheumatic Fever |
| Artificial Joints | Drug/ Alcohol Abuse | Herat Surgery | Liver Disease | Sinus Problem |
| Artificial Vales | Emphysema | Hemophilia | Low Blood Pressure | Stomach Problem |
| Asthma | Endocarditis | Hepatitis | Lung Disease | Stroke |
| Blood Disease | Enlarged Heart | Herpes | Lupus | Thyroid Disease |
| Bruise Easily | Epilepsy/ Seizures | High Blood Pressure | Mitral Valve Prolapse | Tuberculosis |
| Cancer | Excessive Bleeding | Hives/ Rash | Mental Difficulties | Ulcer |

Insurance Information

Primary Insurance Carrier: _____ Secondary Insurance Carrier: _____

Name of the Plan holder: _____ Name of the Plan holder: _____

Plan holder's D.O.B (dd/mm/yy): _____ Plan holder's D.O.B (dd/mm/yy): _____

Group Plan Number: _____ Group Plan Number: _____

Certificate/ ID Number: _____ Certificate/ ID Number: _____

Patient Signature: _____ Today's Date: (dd/mm/yy): _____



Dr. Jonathan A. Ng Inc.

certified specialist in

P R O S T H O D O N T I C S

Suite 1403 – 805 West Broadway – Vancouver, BC V5Z 1K1 Tel: 604-805-6717

www.DrJonathanNg.com

Our private policy

In order to provide safe and appropriate dental care and to ensure payment for services, our office collects certain information about you which includes your name, address(s), telephone and fax numbers, email address(s), medical history including medication record, dental history, radiographs (x-rays), dental casts, intraoral photographs (teeth and mouth only), and dental insurance information, which may include Social Insurance numbers or employee identification numbers.

Your **contact information** is used for identification purposes, for scheduling appointments, communication regarding treatment and billing, and on insurance forms. With written consent, it may also be used to contact you for marketing purposes (i.e. newsletters). However, it will not be shared with any other parties for marketing purposes, and we do not currently send newsletters or other similar mailings to our patients.

Your **dental and medical history** is used by our office to provide dental treatment appropriate for your state of general and dental health. Medication records are required to prevent possible drug interactions with anesthetics or antibiotics we may prescribe for you as a part of your dental treatment, and to generally ensure the safe delivery of treatment. Your dental and medical history may be shared with other dental and/or medical professionals who are involved in your care.

Your **dental insurance information** is shared with your dental plan company, and may also be provided to other dental professionals who are involved in your treatment.

Dental radiographs, dental casts and intraoral photographs are used for diagnosis and treatment planning. They may be shared with other dental and/or medical professionals and dental technicians who are involved in your treatment, and may also be shared with your dental insurance provider in order to obtain predetermination of any insurance benefits you may be entitled to.

As **Dr. Ng** teaches at the dental faculty at the University of British Columbia, radiographs, study casts and intraoral photographs may be used (with consent) for educational purposes, but will **not be accompanied by any identifying information**. Unidentifiable records may also be used, with written consent, for marketing purposes such as newsletters, web site, or advertising. We would greatly appreciate your consent to use photos, radiographs and study casts for educational and marketing purposes.

I, _____, authorize release to Dr. Jonathan Ng of dental radiographs (x-rays), dental casts and/or intraoral (teeth and mouth only) photographs for the following purposes, **provided that no identifiable personal information accompanies the records**. Such uses to include the following: (please check approved uses)

- Educational purposes, including dental students, professional study clubs, publication in dental journals, and lecture material at professional conferences.
- Marketing purposes, including newsletters, web site, advertisements
- Not at all

For marketing purposes, I prefer to receive communication by the following methods:

- Mail
- telephone
- email
- not at all

Signature of Patient, Parent or Guardian

Date



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PROSTHODONTICS

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Welcome to our prosthodontic dental practice. Our goals are to offer your personal, professional care in a friendly environment, and to achieve an optimal result based upon comfort, function and aesthetics. You are a key participant in the provision of prosthodontic care.

You may have directly sought out our specialty services or were referred by your dentist or another dental specialist. Not everyone knows what a prosthodontist is or why he or she is seeing a dental specialist. A Prosthodontist specializes in that part of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance and health by the replacement of missing teeth and oral tissues with artificial substitutes such as implants, implant prosthetics, crowns, bridges, veneers, and dentures. Prosthodontists are diagnostic and treatment planning experts who commonly deal with complex cases and coordinate referrals to other specialists as needed. Dental cosmetics and the correct working of a person's bite are also in their area of expertise.

An open discussion of your dental concerns and desires together with a thorough clinical examination of your mouth will help in developing appropriate treatment options that are clinically proven. Your first visit or consultation will require you to fill out paperwork concerning personal information and a medical history. This takes approximately 15 minutes prior to your appointment time. The paperwork can also be obtained ahead of the appointment time through a link on our website at www.prosthodontist.ca. Your personal information may be shared only with other dental professionals participating in your care. Your consent to treatment implies consent to share information that is relevant to your treatment.

We do not take assignment of dental insurance benefits, but are happy to fill out your insurance paperwork to help you obtain reimbursements. Our prosthodontic fee schedule is higher than the schedule for general dentists which is the schedule used by most insurance companies. Complete payment is expected on completion of each treatment phase and we accept cheques, Interac, Visa and MasterCard.

The initial consultation usually takes one hour of time and is billed at a rate of \$200 per hour. We will review your proposed treatment plan with you at a second free consult appointment. Second consultations, taking approximately a half hour, give you time to have any questions answered. Simple cases may require only verbal discussion and consent for treatment, however more complex plans will be outlined in detail in the letter. Additional appointments to discuss treatment plans will be billed hourly.

Dr. Jonathan Ng sees patients between 8:30 AM and 4:00 PM on Mondays, Tuesdays and Wednesdays; Dr. Peter Stevenson sees patients between 8:30am to 4:00pm on Thursdays. Minju and Kaitlyn are our dental assistants and occasionally we do have other staff helping out. Blair and Jasmine are the patient coordinators who will assist you in booking appointments and in helping you with your insurance information. Blair and Jasmine are available throughout the week by calling 604-682-8171. We use voicemail on the non-practicing days, so please leave a message and we will return your call as soon as possible when we come to the office in the next business day. In case of emergency, please call the same number. We will arrange to see you either in the office if we are available or refer you to an appropriate clinician.

We look forward to working with you to address your dental concerns and leave you smiling!