Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Patient Information

Child's Full Name:_____

Nickname: _____ Male Female

Siblings/Age: _____ Male Female
_____ Male Female
_____ Male Female

Child's Birthday: ___/___/____ Child's Age: _____
Child's Home Phone: _____
Child's Social Security Number: ____-____-_____
Child's Home Address: _____
City: _____ State: _____ Zip: _____
Child's School Name: _____
Child's School Grade: _____

Mother's Information

Name: _____
Stepmother Guardian DOB: ___/___/____

Employer:_____
Occupation: _____
Work #: _____ Cell #: _____
SS #: ____-____-____

Father's Information

Name: _____
Stepfather Guardian DOB: ___/___/____

Employer: _____
Occupation: _____
Work #: _____ Cell #: _____
SS #: ____-____-____

Marital Status: Single Married Separated
Widowed Divorced

If parents do not live together, who does the child live with? _____

Method of Payment

* Fees for dental services are due at time of treatment*

_____Check, cash, or credit/debit card

_____Dental Insurance - Plus co-payment (As a courtesy, our office will file for insurance benefits for treatment rendered. Any deductibles, co-payments, or balances not covered by your insurance must be paid in full at treatment visit)

_____ NC. Medicaid #_____

All account balances which have not been paid within 30 days becomes the responsibility of the parent/guardian.

Returned Check Fee Charge- $35.00

Child's Medical History

Name of child's pediatrician/physician:
_____

Has your child been hospitalized since birth? Y N
If yes, explain: _____
_____
_____
_____

Is your child allergic to any medications/foods? Y N
If yes, explain: _____
_____
_____

Is your child presently taking any medication? Y N
If yes, explain: _____
_____
_____

Northeast Pediatric Dentistry

Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Please check any of the following medical conditions your child has experienced:

Y	N	Asthma	Y	N	Inhaler
Y	N	Special Needs	Y	N	Anemia
Y	N	Heart Condition	Y	N	Hepatitis
Y	N	HIV/AIDS	Y	N	Lung Disease
Y	N	Ear Problems	Y	N	Tubes in Ears
Y	N	Diabetes	Y	N	Blood Disease
Y	N	ADD/ADHD	Y	N	Skin Disorder
Y	N	Latex Allergy	Y	N	Tuberculosis
Y	N	Liver Problems	Y	N	Cancer/Tumors
Y	N	Convulsions/Epilepsy			
Y	N	Emotional Disorder			
Y	N	Abnormal Bleeding			
Y	N	Nose/Throat Disorder			
Y	N	Tonsils/Adenoids Removed			
Y	N	Speech/Vision Problems			
Y	N	Stomach/Kidney Problems			
Y	N	Autism / Asperger's Syndrome			
Y	N	Seasonal Allergies			

Other_____

Please explain any medical condition(s) or concerns that your child has: _____
_____
_____
_____

Child's Dental History

Is your child on a bottle? Y N
(If no, at what age was it discontinued?): _____

Is your child a thumb/finger sucker or ever used a pacifier? Y N
(Age discontinued): _____

Is your primary source of water from a well? Y N

Has your child ever been seen by a dentist? Y N
If so, date of last dental care and previous dentist:
_____
_____

Has your child had problems with previous dental treatment? Y N
If yes, explain:_____
_____
_____
_____

Has your child had any type of injury to his/her teeth? Y N
If yes, explain: _____
_____
_____

Is your child in pain today? Y N
If yes, explain: _____
_____
_____

Does your child have a dental condition about which you are especially concerned? Y N
If yes, explain: _____
_____
_____

AUTHORIZATION & RELEASE

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 child's health. It is my responsibility to inform the dental office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need. I also authorized the dentist to release any information including the diagnosis and the records of treatment or examination rendered to my child during the period of such care to third party payers and/or other health practitioners. I request that my insurance company pay directly to the dentist. I understand that my insurance carrier may pay less than the actual bill for services; therefore, I agree to be responsible for payment of all services rendered on my child's behalf.

_____
Signature of Parent/Guardian:

_____
Date:

Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Appointment Policy

- Northeast Pediatric Dentistry reserves appointments for your child according to their needs and cooperation. Patients may not be seen in the order they arrive due to their treatment needs and the doctor providing their treatment.
- As a courtesy, our office will attempt to contact you 1-2 days before your appointment for confirmation. However, we do ask that patients assume responsibility for their appointment time.
- For NEW PATIENT appointments, it is required that the parent or legal guardian bring the patient. Any subsequent appointments may allow for grandparents or other family members to bring the patient.
- Parents CAN NOT drop the patient off and leave the office. Anyone under 18 must have a parent or guardian in the office at all times.
- In order to establish trust with your child, we may ask parents to wait in the waiting room while their child is being seen. This will help the patient communicate in their way with the dentist and staff.
- Broken appointments or short term cancellations (within 24 hours) without proper notification can be costly and unfair to patients who need appointments. Please note: ***Repeated broken appointments and short term cancellations may be subject to dismissal from the practice.***
- Late arrivals cause schedule delays for those patients who arrive promptly at their appointment time. Late arrivals will be worked into the schedule if time allows or re-appointed to another day.
- During the school months, late afternoon appointments are in high demand. We 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.
- If your child is under the age of four, we will schedule your child in the morning. This way the child is fresh and more willing to cooperate. This also allows for more one on one, uninterrupted time with the dentist.
- Treatment that requires use of Nitrous Oxide or any other medication will most often be scheduled in the morning and on an empty stomach. This helps prevent the child from becoming ill.

_____
Signature of Parent/Guardian:

_____
Date:

Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Financial Policy

Thank you for choosing Northeast Pediatric Dentistry for your child's dental care. As we anticipate a long-term relationship with our patients and their families, keeping current in communication and payment is important.

We at Northeast Pediatric Dentistry are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive dental services available today. We are concerned about your child's dental care and want to ensure that it is performed in a responsible manner.

In order that we may continue to keep our fees as affordable as possible, we must request payment at the time of treatment. We accept cash, checks, Visa, Mastercard, Discover, and American Express. We accept credit card payments over the phone. We also accept CareCredit, which you can apply for in our office, which allows for you to have a convenient monthly payment plan depending upon your credit.

Our services remain the same price for everyone, regardless of insurance coverage.
If you have insurance for your child, please make payment for the uncovered portion of your child's care, on the day that services are rendered. As a courtesy, we will file the insurance claim for the remainder. We have a traditional "fee for service" structure. Please remember that you, as the parent, will be responsible for any portion not covered by insurance.

We understand the value of insurance benefits and will assist you in obtaining your maximum benefits. However, we do ask the following: Please read your policy book and/or talk to your benefits director to be fully aware of any limitations or exclusions. If you have any questions about your insurance coverage, please contact your insurance company. Please keep in mind that your insurance is a contract between you and your insurance company.

Broken Appointments

A fee of $35.00 per child is applied to your account for each broken appointment with less than 24 hour notice. Again, thank you for choosing Northeast Pediatric Dentistry for your child's dental health needs. We look forward to caring for your children for many years to come.

_____
Signature of Parent/Guardian:

_____
Date:

Northeast Pediatric Dentistry

Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Behavior Management Consent

There are several behavior management techniques that are used in our office to help children get the quality dental care they need. Let us tell you about them:

A. TELL-SHOW-DO is the use of simple explanations and demonstrations, geared to the child's level of maturity.

B. POSITIVE REINFORCEMENT is rewarding the helpful child with compliments, praise, or a prize.

C. VOICE CONTROL is getting the attention of a noisy child by using firm commands and varying tones of voice.

D. PHYSICAL RESTRAINT BY THE DENTAL TEAM. With an active and noisy child, it is sometimes necessary for the dental assistant to restrain the child's movement by holding the head, arms, hands or legs. The dentist may restrain the child's head by stabilizing it between arm and body. A rubber or plastic mouth prop is placed in the child's mouth to prevent closing when the child refuses to open or has trouble keeping the mouth open.

E. PROTECTIVE STABILIZATION DEVICE. The use of this type of restraint is a standard of care in medicine and pediatric dentistry, in specific clinical situations. The Papoose Board or Pedi-wrap is the safest and most compassionate way to ensure quality dental treatment of an active child. It holds arms, body and legs secure with Velcro and cloth wraps during treatment.

Beyond these techniques, a child with disruptive behavior may need dental treatment with sedation or treatment in a hospital, which is covered in a separate consent form.

- I have read and understand this information on behavior management.
- I understand that dental treatment for children includes efforts to guide their behavior by helping them understand the treatments in terms appropriate to their age. If any treatment other than the above is needed, it will be discussed with me before beginning such treatment.
- I understand that I may refuse any or all of the above treatments or procedures. I can do this by drawing a line through the objectionable part and writing my initials next to the portion to which I refuse to consent.

This consent will remain in full force unless withdrawn in writing by the person who has signed on behalf of this minor patient.

_____ _____
Print of Parent/Guardian: Date:

_____ _____
Signature of Parent/Guardian: Witness:

Northeast Pediatric Dentistry

Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Nitrous Oxide Information and Consent Form

Your child's response to the dental experience is of primary importance to us. Nitrous Oxide or "Laughing Gas" is an analgesic and mild sedative used by numerous pediatric dentists. It is a safe gas/oxygen mixture, which is inhaled by a nasal mask and takes effect in 5-10 minutes. Nitrous Oxide in the dental office is never used as a general anesthetic. It does NOT put a child "to sleep". For this reason, local anesthetic is still necessary, but much more comfortable to receive.

Nitrous Oxide decreases fear, anxiety, apprehension, and pain sensations. The use of Nitrous Oxide can help many children learn to cope with the sometimes-stressful dental experience. Since Nitrous Oxide generally reduces fatigue and provides a pleasant sensation, it enables children to remain relaxed for their dental treatment.

Occasional side effects are nausea and/or vomiting. Many children are withdrawn after Nitrous Oxide sedation and they can appear sleep and unresponsive. This is a natural reaction, much like awakening from a nap.

I have read and I understand the above information and I have no questions or concerns.

_____ _____
Print of Parent/Guardian: Date

_____ _____
Signature of Parent/Guardian: Date

Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Privacy Notice to Patients

This notice describes how medical/dental information about you may be used and disclosed by Northeast Pediatric Dentistry and how you can get access to this information. Please read it carefully. ***For all purposes***, ***the term "you" or "your" in our Privacy Notice refers to you and any minor under your care/guardianship.***

Effective Date: February 1st, 2011
Under the HIPAA Privacy regulations, Northeast Pediatric Dentistry and all similar health care providers are required by federal law to maintain the privacy of your protected health information (PHI) and will abide by the terms in this Privacy Notice. Please be advised that Northeast Pediatric Dentistry may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you with care/treatment when you visit our office or when we treat you in a hospital facility. Under federal law, we may disclose our PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist we will forward your medical information to such specialist. We can disclose your PHI for payment purposes. For example, we will disclose you PHI to your insurance provider, employer, Medicare, Medicaid or other party responsible for providing you with health/dental insurance coverage. We will also use or disclose your PHI for health care operations. For example, we may use your PHI when we engage in quality assurance and medical chart reviews, which are part of our health care operations. We may also disclose your PHI, when required by the Secretary of The US Department of Health & Human Services. Unless disclosure is required under federal, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Our practice may use or disclose your PHI in accordance with the specific requirement of the HIPAA rules without Northeast Pediatric Dentistry needing to obtain your authorization if the information is:

1. Required by law
2. Required for public health purposes
3. Required disclosures about victims of abuse, neglect or domestic violence
4. Required by a health oversight agency for oversight activities authorized by law
5. Required in the course of any judicial or administrative proceeding
6. Required for a law enforcement purpose to a law enforcement official
7. Required by a coroner or medical examiner
8. Required by an organ procurement organization for research
9. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

Additionally, if you are a member of the armed forces, we are permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate mission.
We may also contact you via mail or phone to remind you of appointments with our office or to discuss treatment alternatives. In the event our practice wishes to disclose your PHI to another entity for reasons other than treatment, payment, practice operations, or those referenced above, we are required to obtain your authorization. For example, if we desired to participate in an outside research study, we would need your written authorization prior to releasing your PHI. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending Northeast Pediatric Dentistry a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures.

Brandi R. Jackson, DDS, MS
11223 DaVinci Drive | Davidson, NC 28036
Phone (704) 895-6445 | Fax (704) 895-6496

Please be further advised that you have the ability to access, copy, inspect, and amend your medical information that we maintain. You may be subjected to a fee for copy costs for staff involvement. Additionally, if you desire, we can provide you with an accounting of all disclosures for treatment, payment, or healthcare operations and pursuant to authorization. If you have a dispute with our practice regarding our use of your PHI or a disclosure by Northeast Pediatric Dentistry and believe that your primary rights have been violated, please contact our office to file a dispute. You may alternatively contact the Secretary of Health and Human Services. Lastly, please be advised that you have the right to request restrictions on certain use and disclosures of you PHI to carry out treatment, payment or healthcare operations or disclosures Northeast Pediatric Dentistry of your PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested restriction. If you request a copy of your PHI, you also have the ability to request that we send it to an alternative location (different address). Northeast Pediatric Dentistry reserves the right to amend this notice as revised. Notices will be posted and be provided to you upon your visit.

If you have any questions, please call our office at (704) 895-6445.

Please sign below acknowledging receipt of Northeast Pediatric Dentistry Privacy Notice.

_____
Signature of Parent/Guardian:

_____
Date:

_____
Child's name: