



LEGACY DENTISTRY

Patient Information:

Patient's Name _____

Address _____

City _____ State _____ Zip _____

Is this address the same for the entire family? Yes No

Primary Contact Number ____-____-____

Date of Birth ____/____/____ Sex: (M) or (F) Married Single Divorced Widowed

Email address _____ Best way to reach you (Call, text, or email?) _____

Preferred confirm method: Call, Text, or Email

Preferred recall method: Call, Text, or Email

Occupation _____ How did you hear about us? _____

Do any of your family members see us for dental care? If so, who? _____

Dental insurance information:

Subscriber _____

Subscriber ID _____

Subscriber DOB _____

If the patient is a minor, give parent or guardian's name: _____

Group # _____

Employer _____

Insurance Company _____

Insurance Company Phone # _____

Dental History and Preferences:

What is your reason for today's visit (jaw pain, tooth pain, just need a cleaning, etc)?

Tell us, in your opinion, what you think the present state of the health of your mouth is?

How healthy do you want us to get your mouth?

Don't really care

Average

The best it can be

Should you need treatment, at what point do you prefer we address it? (Please circle one)

When my tooth hurts

When something is worsening

When something isn't ideal

Has fear ever been an issue for you in a dental office? _____

Has time ever been a factor in getting your dental work done? _____

What caused you to leave your last dentist? _____

How long has it been since your last dental cleaning? _____

Have you ever been told you have gum disease? _____

Are you happy with the appearance of your smile? (yes) (no)

Would you like to have whiter teeth? (yes) (no)

Would you like to have straighter teeth? (yes) (no)

How often do you brush your teeth? _____

Do you floss? _____ If yes, how often? _____

Do you use a fluoride toothpaste at home? _____ Do you prefer to avoid fluoride? _____

Do you allow us to take dental x-rays at the dentist's discretion? _____ If no, please give details about your preferences: _____.

Please check if you have any of the following:

Bad breath

Bleeding gums

Loose teeth

Food trapped in teeth

Grinding/Clenching

Sensitive to hot

Broken fillings

Periodontal treatment

Sensitive to cold

Sensitive to sweets

Sensitive to biting

Sores in mouth

Staining

Clicking or popping jaw

Jaw pain

Would you like us to perform an advanced oral cancer screening* on you today? (yes) (no)

*The dentist and/or hygienist will always perform a **visual** oral cancer screening, the current standard of care, at no additional charge as part of a complete exam. The **advanced** oral cancer screening utilizes a special fluorescent light that can help detect cellular changes earlier than with the naked eye. If your dental insurance does not reimburse for this, the cost is \$20.

Would you be interested in flexible financing options to help pay for your dental treatment today?

Medical History

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

Allergies or Sensitivities:

Acrylics Y N
 Codeine Y N
 Latex Y N
 Local Anesthetics Y N
 Penicillin Y N
 Metal Y N
 Sulfa Y N
 Fragrances or chemicals Y N
 Other Y N

List other allergies or sensitivities:

Autoimmune:

Hashimoto's Y N
 Rheumatoid arthritis Y N
 Crohn's disease Y N
 Ulcerative colitis Y N
 Celiac disease Y N
 Lupus Y N
 Sjogren's syndrome Y N
 Type 1 diabetes Y N
 Psoriasis Y N
 Multiple sclerosis Y N
 Ankylosing spondylitis Y N
 Other autoimmune (specify) Y N

Cardiovascular:

Artificial heart valve Y N
 Coronary artery disease Y N
 Chest pain or angina Y N
 Congestive heart failure Y N
 Heart attack Y N
 Heart murmur Y N
 High blood pressure Y N
 High cholesterol Y N
 Irregular heart beat Y N
 Low blood pressure Y N
 Men: Erectile dysfunction Y N

Mitral valve prolapse Y N
 Pacemaker Y N
 Tachycardia Y N

Endocrine:

Diabetes Y N
 Gout Y N
 Hormonal problems Y N
 Thyroid problems Y N

Eyes, Ears, Nose and Throat:

Change in hearing Y N
 Change in vision Y N
 Dysphagia/difficulty swallowing Y N
 Ear pain Y N
 Glaucoma Y N
 Hay fever Y N
 Seasonal allergies Y N
 Sinus problems Y N
 Tonsillectomy Y N
 Tinnitus Y N
 White coating on tongue Y N

Gastrointestinal:

Acid reflux Y N
 Soft or special diet Y N
 Stomach ulcers Y N

Hematological:

Bleeding problems Y N
 Hepatitis Y N
 Herpes Y N
 HIV/AIDS Y N
 Liver problems Y N

Musculoskeletal:

Back pain Y N
 Fibromyalgia Y N
 Joint pain Y N
 Joint replacement Y N
 Arthritis Y N

Neurological:

Alzheimer's disease Y N

Brain fog Y N
 Dizziness Y N
 Fainting Y N
 Memory loss Y N
 Multiple sclerosis Y N
 Muscle weakness Y N
 Seizures Y N
 Stroke Y N
 Tingling/numbness Y N
 Trigeminal neuralgia Y N
 Tremor Y N

Psychiatric:

ADD/ADHD Y N
 Anxiety Y N
 Chemical dependency Y N
 Depression Y N
 Eating disorders Y N
 Excessive stress Y N
 Fatigue/tired Y N
 Memory problems Y N

Respiratory:

Asthma Y N
 Bronchitis Y N
 Breathing problems Y N
 Chest pressure Y N
 Dyspnea (shortness of breath) Y N
 Emphysema Y N
 Orthopnea (shortness of breath when lying flat) Y N
 Pneumonia Y N
 Pulmonary embolism Y N
 Tuberculosis Y N

Sleep:

Daytime sleepiness Y N
 Morning headaches Y N
 Sleep apnea Y N
 Do you use CPAP? Y N
 Snoring Y N

General:

Current approx. weight: ___lbs
Height: _____
Weight change Y N
Cancer Y N
Radiation treatment Y N
Do you smoke? Y N
Smokeless tobacco Y N
Recreational drugs Y N

Are you pregnant? Y N
Trying to conceive? Y N
Pregnancy complications Y N
Miscarriage Y N
Difficulty conceiving Y N
Are you breastfeeding? Y N

Women Only:

List any medications, vitamins or supplements you are taking. Include prescription and over-the-counter.

Please list any surgeries or hospitalizations you have had.

Please list and detail any medical condition or history not listed previously.

Date of last **medical** exam: _____

What was the exam for? _____ Current physician (**medical doctor**): _____

Do you see any other physicians or naturopathic healthcare providers (medical specialists, chiropractors, nutritionists, etc)? If so, please list name(s) and reason(s).

Do you have a family history of:

Diabetes (type 1 or 2)? _____

Heart disease, high blood pressure, heart attack or stroke? _____

Cancer? _____

Alzheimer's? _____

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

I have read and agree to abide by the practice policies above.

Signature of patient/parent/guardian

Date

Practice and Financial Policies

Patient Name: _____

Thank you for choosing Legacy Dentistry as your dental care provider. Dental treatment is an excellent investment in your overall health and wellbeing, and our goal is to help you fit these services into your budget and lifestyle. Therefore, if you have any questions or concerns about our policies, or if your dental needs place an exceeding burden on your finances, please to not hesitate to speak to our office manager.

1. Payment for services is due at the time services are rendered. We accept cash, checks, credit cards, and CareCredit financing. If using dental insurance, payment of your **estimated** patient portion, along with any deductible or co-payment, is due at the time of treatment. **A 20% deposit will be required to schedule an appointment that is 2 hours or longer.**
2. We will process your insurance claim as a courtesy to you, as long as you provide us with adequate information.
3. Our goal is to optimize your oral and overall health. An insurance carrier's goal is to control costs and maximize profits for shareholders. Please remember that what is best for your health is not necessarily the same as what your benefits will cover.
4. Insurance companies do not always pay the exact amount they say they will; therefore, all treatment plans include an ESTIMATE ONLY of what your plan will contribute.
5. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.
6. All charges are your responsibility, regardless of whether your insurance company pays. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select services they will not cover.
7. If the insurance company does not pay within 45 days, we require you to pay the balance due with cash, check, or credit card.
8. You are responsible for notifying us of any changes in address, job status, insurance status, or availability of benefits as soon as possible. Failure to do so may result in a balance on your account, for which you will be responsible.
9. We often reserve appointments well in advance, so failure to make your scheduled appointment is not only unfair to the practice, but to other patients as well. Therefore, we may ask that you pay for longer appointments in advance, in order to reserve your place on our schedule.
10. Please let us know as soon as possible if you cannot make your appointment. **Failure to inform us at least 24 hours in advance will result in a cancellation fee of \$50 per hour of your appointment.** If you are more than 15 minutes late, we may have to reschedule your appointment. We will try to see you if possible, but on-time patients may be seen ahead of you.

I have read and agree to abide by the practice policies above.

Signature of patient/parent/guardian

Date

Meet Your Dental Family



OUR DOCTOR

Meet Dr. Tony Nguyen

From the very first appointment, Dr. Nguyen's patients will see just how passionate he is about partnering with them to help their biggest dental and esthetic goals become a reality. His personable, down to earth attitude goes a long way towards putting new arrivals at ease, and he always makes it a priority to create a comfortable atmosphere that's free of anxiety. He looks forward to helping you lead a healthier, happier life!



OUR FRIENDLY FRONT DESK TEAM

Meet Susan Post (left) our go to financial and insurance coordinator! Susan hails from Lake City, FL originally, and she earned her education at the University of Texas at Arlington. Today, her career in oral healthcare covers over a full decade so far! What she enjoys most about her position at Legacy Dentistry is being able to enhance our patients' smiles for the better. Outside of work, Susan is happily married with three children and two dogs. In her spare time, she enjoys doing just about anything outdoors, as long as there's warm weather!

Meet Valerie Hedrick (Right) our Hygiene Coordinator! Valerie is originally from Redondo Beach, CA. She's been part of the dental field for over seven years now, with hopefully many more to come.

She loves the people she works with here at Legacy Dentistry! Valerie married her husband Nicholas in May of 2018, and they have a beautiful baby boy named Greyson Anthony who is the best thing to ever happen to them. They can't wait to watch him grow up. As for personal hobbies, she enjoys reading, coloring, and spending quality time outside with her loved ones.



OUR WONDERFUL DENTAL HYGIENIST

(Left) Brittney's career in the dental field spans over 12 years so far. After attending the University of North Texas, she entered the dental hygiene school at Texas Women's University. Today, she is an RDH who is certified in soft tissue laser therapy. What she enjoys most about working at Legacy Dentistry is building relationships with her patients and treating them just like family. It's always so rewarding to partner with people in need and help them achieve their goals while also making oral healthcare a genuinely comfortable and positive experience! Originally from Kingman, AZ, Brittney is happily married to David, and they have two children named Jesse and Josie. Her biggest passions outside of dentistry are exercise and nutrition. She works out daily, competes in lots of different types of races, and is always trying new foods and recipes.

She also used to be a collegiate softball player and still loves the sport today. You can always find her enthusiastically rooting for the Texas Rangers whenever they're playing.

(Right) Natalie comes from a long line of dental professionals in her family, and she's proud to be following in their footsteps. She studied dental hygiene at Concorde Career College, has her nitrous oxide certification, and is also trained in Oraqix topical anesthetic. Today, what she enjoys most about her job at Legacy Dentistry is being able to make a positive difference in her patients' health and lives! A Dallas native, Natalie and her husband live in Midlothian with their son and German Shepard mix. Whenever she isn't busy at work, her favorite hobbies include hiking, reading, baking, taking on DIY projects, and traveling with family and friends.



MEET OUR ROCKSTAR ASSISTANTS

(LEFT) Misty studied Chairside Dental Assisting of Carrollton after attending studying at Howard Payne University. Today, what she enjoys most about her role as one of our dedicated assistants is helping patients improve their dental health and confidence in amazing ways. Nothing is quite as rewarding as seeing someone smile brightly once they've overcome their pain and anxiety! At home, Misty is the mom of two awesome kids named Mick and Rylie. In her spare time, she enjoys listening to music, cooking, going on road trips, reading, drinking wine and coffee, exploring the outdoors, and attending Gateway Church. She is also proud to be a two-time cancer survivor.

(Middle) Tina's career in dentistry spans nearly 15 years so far. Originally from Euless, she studied at the High-Tech Institute and is certified in both nitrous oxide and CPR. Her favorite part of this position is helping others and building relationships with all the wonderful patients. They truly feel like an extension of her own family! Tina has a very supportive husband named Gary who works Union Pacific Railroad, and their daughter Megan keeps them both laughing. Their family also has two Huskies named Leonidas and Achilles. In her spare time away from the practice, she enjoys doing arts and crafts, thrift shop flipping, and being outdoors grilling and swimming during warm weather. When it's cold, though, she becomes a big hermit and regularly cozies up with the family to watch Netflix. Stranger Things is currently their favorite show.

(Right) Michayla, a Midlothian native, studied at Navarro College. While she's still relatively new to the world of dentistry, she's thrilled to be a part of Dr. Nguyen's team! Meeting new patients and helping them smile brighter is her favorite part of the job. Outside of the practice, Michayla enjoys putting a lot of creativity and passion into whatever is holding her attention. One of her biggest hobbies in her spare time is painting.