



## Welcome to our Office

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Welcome to Eagle Point Dental, the office of Dr. Heather Chisholm. Dr. Chisholm and her dedicated staff are committed to helping you achieve and maintain a healthy smile. We are committed to providing you with the very best in aesthetic, functional and cosmetic dentistry using state of the art equipment and the latest in dental technology and materials. Dr. Chisholm has over 25 years of experience helping people achieve optimal oral health and pleasing smiles.

In our comfortable, friendly clinic, we provide a wide range of general dental services including: white fillings, implants and same day crowns and veneers using E4D technology. We use digital x-rays and are committed to helping you keep your teeth for a life time with our comprehensive dental hygiene program. We also make you look your best with Botox and other Facial Rejuvenation Procedures.

### **Cancellation Policy**

While we understand that the unexpected does occur, we ask that you give us at least 48 hours notice if you need to cancel an appointment. If less than 24 hours notice is given a \$75.00 fee will be assessed. If short notice cancellations occur more than twice we must ask you to find another dentist and we will transfer the records to the new office.

### **Payment Policy**

Unless prior arrangements have been made, payment is due upon completion of treatment. For some cosmetic treatments, a deposit may be required prior to the start of treatment. For your convenience, we do accept most third party dental plans. We will fill out the necessary forms on your behalf and submit them to the dental insurance carrier. We will collect the funds from the dental insurance and your portion from you at the end of each appointment. Please note that not all services may be covered by your insurance carrier. Please note that every insurance plan has its own unique "quirks", exceptions and deductibles. It is the patient's responsibility to pay for procedures not covered by their insurance plan.

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

**Please Print Name:** \_\_\_\_\_

## Dental History

The following information helps us provide you with the best possible dental care. All information is strictly private is protected by the privacy of information act and is for our records only.

What is the reason for your dental visit today? \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_ What was done then?  
\_\_\_\_\_

I generally visit the dentist or hygienist every?

3 month      4 month      6 month      9 month      12 month      not routinely

1. Are any of your teeth sensitive to:  
Hot    Cold    Sweets            Biting
2. Do you have pain in any of your teeth?            Yes    no
3. Have you noticed any mouth odors, bad breath or bad tastes?    Yes    no
4. Do you get cold sores, blisters or ulcers in your mouth or on your lips?    Yes    no
5. How often do you brush your teeth?            \_\_\_\_\_
6. How often do you floss your teeth?            \_\_\_\_\_
7. Do your gums bleed when you brush?    Yes    no
8. Have you noticed any loose teeth?            Yes    no
9. Do you have many headaches?            Yes    no
10. Do you clench or grind your teeth?            Yes    no
11. Is there anything about the appearance of your smile that you would like to change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Eagle Point Dental provides a variety of cosmetic services in our full service dental clinic. Please ask us if you are interested in any of these procedures.

Botox cosmetic is used to reduce fine lines and dynamic wrinkles especially around the forehead and eyes.

Permanant cosmetics which include eyeliner, eyebrow enhancement and lip color.

Teeth Whitening