

APPLICATION FOR TREATMENT

Chart #

Herman Ostrow School of Dentistry of USC

Patient Information (To be completed by the patient – Please PRINT in ink)Mr. () Mrs. () Ms. ()
Last Name: _____ Date: ____ / ____ / ____

First Name: _____ Middle Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Preferred Phone: () _____

Email address: _____

Driver's License: _____

California ID: _____ [] Other _____

Passport: _____

Employer: _____

Sex: [] Male [] Female [] Other

Birth date: _____

Primary Language(s) Spoken: _____

Are you associated with U.S.C.? Yes / No (please circle)

If so, how? _____

Student Requested: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone () _____

Major dental problem/reason for coming to USC School of Dentistry: _____

Last Dentist: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Current Medical Doctor: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Ethnicity: (please select)

- [] Asian [] Caucasian
[] Hispanic [] Other
[] African American
[] American Indian/Alaskan native
[] Pacific Islander
[] Unknown

OFFICE USE ONLY

____ HIPAA ____ DMFS

Insurance/Financial Information (To be completed by the patient – Please PRINT in ink)Previously a patient here? [] Yes [] No Year ____ Insurance: [] Delta [] Delta/USC [] Denti-Cal [] Other
Carrier Name: _____Subscriber: _____ Subs. Subs. Birthdate: Relationship: _____ Plan #: Group #:

Person Responsible for Payment: _____ Phone: _____

Please be aware that your dental insurance may not pay for the total amount of your treatment and you may be responsible for any co-pays or amount that your insurance company does not cover.

The Herman Ostrow School of Dentistry of USC Patient Understanding and Informed Consent

General Information: The Herman Ostrow School Of Dentistry of USC will be referred to as the "School" in this document. The School's dental clinics are teaching clinics. Patients who receive dental care here will be participants in our teaching program. Dental and/or dental hygiene students perform treatment supervised by the School's faculty. Treatment under faculty supervision generally requires more time than treatment provided by a private dentist. Patients typically need to be available for multiple appointments. Also, procedures may need to be repeated.

Patient Application: An initial evaluation is conducted to determine if each patient applicant is suitable as a patient for teaching purposes in the School's clinics. Only patients whose care is determined to be suitable are eligible for care at the School. The School reserves the right to deny acceptance of patients into our dental treatment programs.

Emergency Care Application: Emergency dental care is generally temporary treatment that is intended to provide relief of severe pain and infection for one tooth or area for individuals in acute need. This type of care is limited by the time available to student doctors and faculty. It is the patient's responsibility to make arrangements for follow-up care that is typically needed to alleviate or resolve the dental problem.

The School is available for Emergency care Monday through Friday from 8:30 to 10:00 a.m. and 1:00 to 2:30 p.m., with the exception of Tuesday mornings. After these hours, emergency care may not be guaranteed. If an emergency or postoperative complication arises after these hours or on a weekend or holiday, you should first attempt to contact your student doctor/resident. If you are unsuccessful, then call the School's main telephone number at (213) 740-2800 for instructions.

Consent to Dental Procedures: Before you receive treatment, you are encouraged to ask your student doctor or student dental hygienist about the procedures he/she recommends for you. Ask any questions you might have before you decide to give your consent for treatment. All dental procedures may involve risks or unsuccessful results and complications, and no guarantees are made regarding any result or cure. You, as our patient, have the right to be informed of any such risks and potential consequences of not performing treatment, the nature of the procedure, expected benefits, and availability of alternative methods of treatment. You have the right to consent to or refuse any proposed procedure at any time prior to its performance. The School also reserves the right to not perform specific treatment requested by a patient.

Completion of treatment: Due to our educational environment, when your dental treatment has been deemed complete, you will be referred to a local dentist for continued care.

Health: If you have any changes in your health status or changes in your medicines, you will inform your dental provider. If you are taking a type of drug called bisphosphonate (i.e. Fosamax®, Actonel®, Boniva®, Skelid®, Didronel®, Aredia®, Zometa® and Bonefos®), you may be at risk of developing osteonecrosis (bone death) of the jaw and certain dental treatment may increase that risk.

X-rays: Dental x-rays will be taken as necessary and appropriate for examinations, diagnoses, consultations, and treatments.

Photographs: Patient photographs may be taken to document a clinical condition, to record examination findings, and/or for teaching purposes.

Patient's Financial Responsibility: Patients who receive treatment in the School's clinics will be charged for treatment based on the clinic's current fee schedule. A fee estimate will be provided before beginning treatment. Payment for services is due before treatment begins for most procedures. Patients with Denti-Cal or Delta Dental insurance will be required to assign the benefits of such insurance to the School. Patients must also provide personal identification that may include their social security numbers to process dental insurance claims and/or to request patient record information.

Dental Records: The dental records, x-rays, photographs, videos, models, and other diagnostic aids that relate to your treatment here, are the School's property. You have the right to inspect these aids and/or request a copy of them. The School may charge a reasonable administrative fee for this service. You may also request to have your dental x-rays sent to another health care provider by completing an ACCESS REQUEST FORM. The School is authorized to furnish information from your records to your insurance company to obtain financial reimbursement for treatment provided to you. In addition, your dental records may be used for instructional or research purposes and, if they are, the School will use reasonable efforts to keep your identity confidential from individuals not involved in your care and treatment.

Keeping Your Appointments: You are required to be on time for your appointments. If you find that you are unable to keep an appointment, you agree to notify the student doctor, student dental hygienist, or the appointment assistant at least 24 hours in advance. A total of three cancellations without 24-hour notice, three missed appointments, or repeated unsuccessful attempts to arrange an appointment may be cause to discontinue your dental treatment at the School.

Discontinuance of Treatment: The School reserves the right to discontinue your dental treatment. Should your treatment be stopped, any remaining credit balance for services not yet provided will be refunded to you.

Grievances: If you have concerns that your student doctor or dental faculty member cannot resolve, please contact our Patient Advocate in the Office of Clinical Affairs at telephone number 213-740-1547 or via email: patientfeedback@usc.edu

Security: You understand that for security purposes cameras are present throughout the School.

Release: You hereby agree to release, hold harmless and waive all claims, losses, or damages resulting or relating to the treatment rendered hereunder by the student doctor, resident, student dental hygienist, faculty or School. The undersigned certifies that he/she has read and is willing to comply with the foregoing, and is the patient, *the parent or guardian of the patient with authority to give consent*, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms. In addition, you acknowledge that you received a copy of the School's PATIENT BILL OF RIGHTS.

Patient: _____ Witness (Faculty): _____ Date: _____

Student: _____ Parent/Guardian: _____

Medical History Questionnaire

Herman Ostrow School of Dentistry of USC

Patient Name: _____ Date of Birth: _____

Reason for visiting the School of Dentistry: _____

Please answer all questions **by checking a box under YES or NO.** (Please do not draw a line.)

Your responses will be held strictly confidential and will only be used to help assess your medical condition. If you have any hesitations, please express your concern to a member of our team.

Do you have, or did you ever have, any of the following?

Cardiovascular:

YES NO

- High blood pressure
- Heart disease from childhood
- Heart murmur
- Rheumatic fever
- Use of Phen-Fen
- Pacemaker
- Vascular graft
- Heart valve replacement
- Heart attack
- Heart surgery
- Congestive heart failure
- Angina (chest pain)
- Irregular heart beat
- Stroke
- Increased cholesterol

Endocrine/Hematologic/

Oncologic/Immune:

YES NO

- Frequent hunger
- Frequent thirst
- Diabetes
- Thyroid disease
- Hemophilia
- Sickle cell disease
- Bleeding tendency
- Anemia
- Cancer
- Radiation therapy
- Chemotherapy
- HIV infection/AIDS
- Organ transplant
- Blood transfusion

Do you have, or did you ever have, any of the following?

Musculo-Skeletal/CNS/Developmental:

YES NO

- Chronic jaw and facial pain
- Chronic headache pain
- Chronic neck pain
- Popping or clicking in your jaw
- Joint replacement
- Osteoarthritis
- Rheumatoid arthritis
- Spinal cord injury
- Seizures
- Dizziness
- Weakness
- Multiple Sclerosis
- Cerebral palsy
- Intellectual Disability
- Dementia / Alzheimer's
- Fainting spells
- Visual impairment
- Glaucoma
- Hearing impairment

Gastro-Intestinal/Genito-Urinary:

YES NO

- Hepatitis (A, B, C, or other?)
- Kidney dialysis
- Ulcers
- Sexually transmitted disease
- Denied permission to give blood

Psychological:

YES NO

- Anxiety / Nervousness
- Depression
- Mental health treatment
- Insomnia

Respiratory:

YES NO

- Asthma
- Chronic Sinus Problems
- Night sweats
- Emphysema
- Tuberculosis
- Other: _____

Social:

YES NO

- Do you use tobacco products?
If so, how much? _____
- Do you drink alcohol?
 Every day?
If so, how much? _____
- Do you use recreational drugs?

Medication Allergy or Intolerance:

YES NO

- Penicillin
- Dental anesthetic ("Novocain")
- Aspirin
- Codeine
- Latex products
- Iodine
- Other: _____

Do you have any medical conditions not already mentioned?

History of Hospitalization/Surgical Procedures:

Family: Did a parent, sibling or child of yours have any of the following?

YES NO

- Diabetes
- High blood pressure
- Heart disease
- Bleeding tendency
- Cancer

To the best of my knowledge, all of the preceding answers are true. If I have any change in my health status, or any change in my medicines, I will inform my dental health care provider at my next appointment.

Signature of patient (or Parent or Guardian if patient is under 18)

Date

Faculty: signature, number, and name PRINTED

Student/ Resident : signature, number, and name PRINTED

Medications:

YES NO

- Are you taking any prescription medicines, any over-the-counter items, or any herbal medicines now?
If so, please list them and the doses you use:

Do you or have you used bisphosphonate medication (i.e. Fosamax®, Actonel®, Boniva®, Skelid®, Didronel®, Aredia®, Zometa® and Bonafos®) to prevent or treat osteoporosis or as part of a cancer treatment?

YES NO

-

(If "yes", please ask your student for an informational page about bisphosphonate medications --- oral and/or intravenous)

Other:

YES NO

- Does the amount of saliva in your mouth seem to be too little?
- Does your mouth feel dry when eating a meal?

FEMALES ONLY:

YES NO

- Are you pregnant now?
If so, # _____ months
- Do you take birth control pills?
- Are you breast feeding now?

Respiratory:

YES NO

- Asthma
 - Chronic Sinus Problems
 - Night sweats
 - Emphysema
 - Tuberculosis
- Other: _____

Social:

YES NO

- Do you use tobacco products?
If so, how much? _____
- Do you drink alcohol?
Every day?
If so, how much? _____
- Do you use recreational drugs?

Medication Allergy or Intolerance:

YES NO

- Penicillin
 - Dental anesthetic ("Novocain")
 - Aspirin
 - Codeine
 - Latex products
 - Iodine
- Other: _____

Do you have any medical conditions not already mentioned?

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If so, please list them and the doses you use:

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YES NO

-

(If "yes", please ask your student for an informational page about bisphosphonate medications -- oral and/or intravenous)

Other:

YES NO

- Does the amount of saliva in your mouth seem to be too little?
- Does your mouth feel dry when eating a meal?

FEMALES ONLY:

YES NO

- Are you pregnant now?
If so, # _____ months
- Do you take birth control pills?
- Are you breast feeding now?

To the best of my knowledge, all of the preceding answers are true. If I have any change in my health status, or any change in my medicines, I will inform my dental health care provider at my next appointment.

Signature of patient (or Parent or Guardian if patient is under 18)

Date

Emergency Patient Screening Form
The Herman Ostrow School of Dentistry of USC

Clinic _____ Student # _____ Chart _____

Patient Information

Last Name: _____ Date: ____ / ____ / ____

First Name: _____ Nickname: _____

Middle Name: _____ Salutation: Mr. / Mrs. / Ms. / Dr. (Please circle)

Referral Source

- | | | |
|--|--|--|
| <input type="checkbox"/> Campus Ad | <input type="checkbox"/> Patient of the School | <input type="checkbox"/> USC Employees (non-dental) |
| <input type="checkbox"/> Dentistry Personnel | <input type="checkbox"/> Professional Referral | <input type="checkbox"/> Walk-ins |
| <input type="checkbox"/> Health Fairs | <input type="checkbox"/> School Outreach | <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other |

Explanation of Emergency Dental Treatment and Fee

The purpose of emergency dental treatment is to provide relief from pain, control of infection or bleeding or to restore function. In most cases, emergency treatment is temporary. Additional treatment, with additional cost is often needed to treat the problem, which created the emergency condition, or to save the tooth.

Patients who receive emergency care at the USC Dental Clinic will be advised of what additional treatment, if any, is needed to avoid a recurrence of the emergency. Patients who wish to pursue additional treatment at the USC Dental Clinic should inquire about continuing as a regular/comprehensive patient of the Clinic.

The fee for the emergency visit will be between \$59-350. This covers registration, examination, evaluation (including x-rays) and treatment of the emergency related to one tooth or area.

The \$59-350 fee is non-refundable once the patient has been examined and his/her condition evaluated. If the patient chooses not to have the recommended treatment, copies of any x-rays that have been taken to evaluate the condition will be given to the patient, if requested.

For security purposes, cameras are present throughout the school.

The undersigned certifies that he/she has read and is willing to comply with the foregoing, and is the patient, the parent or guardian with authority to give consent, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

Patient Signature _____ Date _____

Dental Student Signature _____ Date _____ Dental Badge # _____

Faculty Signature _____ Date _____ Dental Badge # _____

Clinic Assignment For Office Use Only

Specialty Practice Assignment

- Advanced Specialty Emergency
 Faculty Practice Oral Surgery

- I-Consult Special Patients

Care Level

- III-Limited Treatment II-Emergency IV-Comprehensive Care

□

Ok to create chart
Please Initial

Keeping your appointments: you are required to be on time for your appointments. If you find that you are unable to keep an appointment, you agree to notify the student doctor, student dental hygienist, or the appointment assistant at least 24 hours in advance. A total of three cancelations without 24-hour notice, three missed appointments, or repeated unsuccessful attempts to arrange an appointment may be cause to discontinue your dental treatment at the school.

Discontinuance of Treatment: The school reserves the right to discontinue dental treatment. Should your treatment be stopped, any remaining credit balance for services not yet provided will be refunded to you.

Grievances: If you have concerns that a dental faculty member or student dentist cannot resolve, please contact our Patient Advocate in the Office of Clinical Affairs at telephone number 213 -740-1547 or via email: patientfeedback@usc.edu

For security purposes, cameras are present throughout the school.

Release: You hereby agree to release, hold harmless and waive all claims, losses, or damages resulting or relating to the treatment hereunder by the student doctor, resident, student dental hygienist, faculty or school. The undersigned certifies that he/she has read and is willing to comply with the foregoing, and is the patient, the parent or guardian of the patient with authority to give consent, or is duly authorized by the patient as the patient general agent to execute the above and accept its terms. In addition, you acknowledge that you received a copy of the school's PATIENT BILL OF RIGHTS.

By signing below, I as patient, the parent /guardian with authority to give consent for a patient or other legally authorized representative of a patient) certify that:

- (1) I have read and understand the terms of this document and the explanations I have received; and
- (2) That after careful consideration, I consent to dental care provided by the clinic.

Patient: _____ Witness (Faculty): _____

Date: _____

Student: _____ Parent /Guardian: _____

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website at www.usc.edu/compliance. You may also obtain any revised notice by contacting the USC Office of Compliance.

Further Information; Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or complian@usc.edu.

**UNIVERSITY OF SOUTHERN CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

Print Name (Last, First, Middle Initial)

X _____
Signature

Patient Acknowledgment of receipt of
Dental Material Fact Sheet

Date

I _____, acknowledge that I have
Patient Name or Parent

Received from USC School of Dentistry Clinic a Copy
Dentist or Dental Office Name

Of The Dental Material Fact Sheet Dated May 2004.

X _____
Patient Name or Parent Signature Date

UNIVERSITY OF SOUTHERN CALIFORNIA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is this Notice and Why Is It Important?

By law, the University of Southern California (USC)¹ must protect the privacy of your identifiable medical and other health information (“health information”).

USC also is required by law to give you this notice to tell you how we may use and give out (“disclose”) your health information. USC must follow the terms of this notice when using or disclosing your health information.

This notice is effective as of July 1, 2010.

How USC May Use Your Health Information

As a general rule, you must give written permission before USC can use or release your health information. There are certain situations where USC is not required to obtain your permission. This section explains those situations where USC may use or disclose your health information without your permission.

Except with respect to Highly Confidential Information (described below), USC is permitted to use your health information for the following purposes:

- **Treatment:** We use and disclose your health information to provide you with medical treatment or services. This includes uses and disclosures to:
 - treat your illness or injury, including disclosures to other doctors, practitioners, nurses, technicians or medical personnel involved in your treatment, or
 - contact you to provide appointment reminders, or
 - give you information about treatment options or other health related benefits and services that may interest you.
- **Payment:** We may use and disclose your health information to obtain payment for health care services that we or others provide to you. This includes uses and disclosures to:
 - submit health information and receive payment from your health insurer, HMO, or other company that pays the cost of some or all of your health care (payor), or
 - verify that your payor will pay for your health care.
- **Health Care Operations:** We may use and disclose your health information for our health care operations, such as internal administration and planning that improve the quality and cost effectiveness of the care we provide you. This also include uses and disclosures to:
 - evaluate the quality and competence of our health care providers, nurses and other health care workers,
 - to other health care providers to help them conduct their own quality reviews, compliance activities or other health care operations,
 - ²train students, residents and fellows, or

¹ USC includes USC Norris Cancer Hospital, USC University Hospital, USC’s employed physicians, nurses and other clinical personnel, those units of USC that provide clinical services within the School of Pharmacy, the Herman Ostrow School of Dentistry, Physical and Occupational Therapy as well as USC Care Medical Group, Inc., those units that support clinical and clinical research functions, including the Offices of the General Counsel, Audit and Compliance.

- identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

We may also disclose your health information to third parties to assist us in these activities (but only if they agree in writing to maintain the confidentiality of your health information).

In addition, USC may use and disclose your health information under the following circumstances:

- **Directory:** USC Norris Cancer Hospital and USC University Hospital, may include your name, location in the Hospitals, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that your religious affiliation will only be disclosed to members of the clergy.
- **Relatives, Caregivers and Personal Representatives:** Under appropriate circumstances, including emergencies, we may disclose your health information to family members, caregivers or personal representatives who are with you or appear on your behalf (for example, to pick up a prescription). We may also need to notify such persons of your location in our facility and general condition. If you object to such disclosures, please notify your USC health care provider. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, we would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care.
- **Public Health Activities:** We may disclose your health information for the following public health activities:
 - To report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - To report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
 - To report information to the U.S. Food and Drug Administration (FDA) about products and services under its jurisdiction;
 - To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; or
 - To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **Victims of Abuse, Neglect or Domestic Violence:** If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose your health information as required by law to a social services or other governmental agency authorized by law to receive such reports.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency that is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- **Specialized Government Functions:** We may use and disclose your health information to units of the government with special functions, such as the U.S. military, under certain circumstances required by law.

- **Law Enforcement Officials, Judicial and Administrative Proceedings:** We may disclose health information to police or other law enforcement officials. We also may disclose health information in judicial or administrative proceedings, such as in response to a subpoena.
- **Coroners or Medical Examiners:** We may disclose health information to a coroner or a medical examiner as required by law.
- **Organ and Tissue Donation:** We may disclose health information to organizations that assist with organ, eye or tissue donation, banking or transplant.
- **Health or Safety:** We may disclose health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Research:** We may disclose health information without your authorization for certain research purposes. For example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if our Institutional Review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary. We also may provide limited health information about you (not including your name, address, or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify you.
- **Development Activities:** We may contact you to request a contribution to support important USC activities. In connection with any fundraising, we may disclose to our fundraising staff only demographic information about you (for example, your name, address and phone number) and dates on which we provided health care to you, without your written permission. We will not disclose your diagnosis or treatment, however, unless we have your written authorization to do so. We also may share demographic information about you with closely related foundations that assist us in our development activities, such as Doheny Eye Institute.
- **Marketing Activities:** We may provide you with marketing materials in a face-to-face encounter without obtaining your authorization. We may tell you about USC's own health care products and services, without obtaining your authorization, so long as certain conditions set by law are satisfied. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your authorization. We will ask your permission to use your health information for any other marketing activities. Also, from time to time, USC receives letters from patients, their family members and friends describing the experience and care they received at USC. Where possible, we share these letters with our USC employees and patients. Prior to sharing your letter, we will remove your name and other identifying information from the letter to protect your privacy.
- **Workers' Compensation:** We may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs or as required under laws relating to workplace injury and illness.
- **As Required by Law:** We may disclose health information when required to do so by any other law not already referred to in the preceding categories.

FOR ANY PURPOSE OTHER THAN THE ONES DESCRIBED ABOVE, WE MAY ONLY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WHEN YOU GIVE US YOUR WRITTEN AUTHORIZATION.

Highly Confidential Information

Federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including your health information that is maintained in psychotherapy notes or is about: (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, treatment and referral; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic or elder abuse; or (8) sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

Your Rights Regarding Your Health Information

Right to Request Access to Your Health Information: You have the right to inspect and maintain a copy of the patient records we maintain to make decisions about your treatment and care, including billing records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you would like access to your records, please ask your healthcare provider for the appropriate form to complete. If you request copies, we will charge you a reasonable fee for copies. We also will charge you for our postage costs, if you request that we mail the copies to you. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may not be accessible to you under California law.

Right to Request Amendments to Your Health Information: You have the right to request that we amend your health information maintained in your medical record file or billing records. If you wish to amend your records, please obtain an amendment request form from your healthcare provider. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply.

Right to Revoke Your Authorization: You may revoke (take back) any written authorization obtained by us for use and disclosure of your protected health information, except to the extent that we have taken action in reliance upon it. Your revocation must be in writing and sent to the USC Office of Compliance or to whomever is indicated on your authorization.

Right to An Accounting of Disclosures of Your Health Information: Upon written request, you may obtain an accounting of certain disclosures of health information made by us. The period of your request cannot exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable fee.

Right to Request how Information is Provided to You: You may request, and we will try to accommodate, any reasonable written request for you to receive health information by alternative means of communication or at a different address or location.

Right to Request Restrictions on the use of your Health Information: You may request that we restrict the use or disclosure of your protected health information. All requests for such restrictions must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction, except for requests to restrict disclosure of information to a health plan in cases where you have paid for the service out of pocket and in full.

Dental Materials – Advantages & Disadvantages

PORCELAIN FUSED TO METAL

This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges

Advantages

- Good resistance to further decay if the restoration fits well
- Very durable, due to metal substructure
- The material does not cause tooth sensitivity
- Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- More tooth must be removed (than for porcelain) for the metal substructure
- Higher cost because it requires at least two office visits and laboratory services

GOLD ALLOY

Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks

Advantages

- Good resistance to further decay if the restoration fits well
- Excellent durability; does not fracture under stress
- Does not corrode in the mouth
- Minimal amount of tooth needs to be removed
- Wears well; does not cause excessive wear to opposing teeth
- Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is yellow
- Conducts heat and cold; may irritate sensitive teeth
- High cost; requires at least two office visits and laboratory services

DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue • Sacramento, California 95825

www.dbc.ca.gov

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5/04

The Facts About Fillings



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Dental Materials – Advantages & Disadvantages

GLASS IONOMER CEMENT

Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages

- Reasonably good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended for biting surfaces in permanent teeth
- As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease
- Does not wear well; tends to crack over time and can be dislodged

RESIN-IONOMER CEMENT

Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages

- Very good esthetics
- May provide some help against decay because it releases fluoride
- Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel
- Good for non-biting surfaces
- May be used for short-term primary teeth restorations
- May hold up better than glass ionomer but not as well as composite
- Good resistance to leakage
- Material has low incidence of producing tooth sensitivity
- Usually completed in one dental visit

Disadvantages

- Cost is very similar to composite resin (which costs more than amalgam)
- Limited use because it is not recommended to restore the biting surfaces of adults
- Wears faster than composite and amalgam

Toxicity of Dental Materials

Dental Amalgam

Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of a child or fetus.

Dental amalgam is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam. Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers for Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective."

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

Composite Resin

Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state to cause cancer.

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

Dental Materials – Advantages & Disadvantages

DENTAL AMALGAM FILLINGS

Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color. It is often used as a filling material and replacement for broken teeth.

Advantages

- ☞ Durable; long lasting
- ☞ Wears well; holds up well to the forces of biting
- ☞ Relatively inexpensive
- ☞ Generally completed in one visit
- ☞ Self-sealing; minimal-to-no shrinkage and resists leakage
- ☞ Resistance to further decay is high, but can be difficult to find in early stages
- ☞ Frequency of repair and replacement is low

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Gray colored, not tooth colored
- May darken as it corrodes; may stain teeth over time
- Requires removal of some healthy tooth
- In larger amalgam fillings, the remaining tooth may weaken and fracture
- Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold.
- Contact with other metals may cause occasional, minute electrical flow

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist's technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient's cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

COMPOSITE RESIN FILLINGS

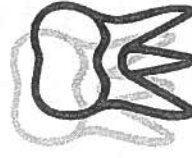
Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

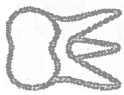
Advantages

- ☞ Strong and durable
- ☞ Tooth colored
- ☞ Single visit for fillings
- ☞ Resists breaking
- ☞ Maximum amount of tooth preserved
- ☞ Small risk of leakage if bonded only to enamel
- ☞ Does not corrode
- ☞ Generally holds up well to the forces of biting depending on product used
- ☞ Resistance to further decay is moderate and easy to find
- ☞ Frequency of repair or replacement is low to moderate

Disadvantages

- Refer to “What About the Safety of Filling Materials”
- Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application
- Costs more than dental amalgam
- Material shrinks when hardened and could lead to further decay and/or temperature sensitivity
- Requires more than one visit for inlays, veneers, and crowns
- May wear faster than dental enamel
- May leak over time when bonded beneath the layer of enamel





Dental Materials Fact Sheet

What About the Safety of Filling Materials?

Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

* *Business and Professions Code 1648.10-1648.20*

Allergic Reactions to Dental Materials

Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam, porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys.

If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

PORCELAIN (CERAMIC)

Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

Advantages

- ♥ Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size)
- ♥ Good resistance to further decay if the restoration fits well
- ♥ Is resistant to surface wear but can cause some wear on opposing teeth
- ♥ Resists leakage because it can be shaped for a very accurate fit
- ♥ The material does not cause tooth sensitivity

Disadvantages

- Material is brittle and can break under biting forces
- May not be recommended for molar teeth
- Higher cost because it requires at least two office visits and laboratory services

NICKEL OR COBALT-CHROME ALLOYS

Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages

- ♥ Good resistance to further decay if the restoration fits well
- ♥ Excellent durability; does not fracture under stress
- ♥ Does not corrode in the mouth
- ♥ Minimal amount of tooth needs to be removed
- ♥ Resists leakage because it can be shaped for a very accurate fit

Disadvantages

- Is not tooth colored; alloy is a dark silver metal color
- Conducts heat and cold; may irritate sensitive teeth
- Can be abrasive to opposing teeth
- High cost; requires at least two office visits and laboratory services
- Slightly higher wear to opposing teeth

