

Welcome to Smile Designs. Please complete the following confidential details:

Mr/Mrs/Miss/Ms/Dr

Surname..... First name..... Date of Birth.....

Address..... Telephone Home.....
..... Work.....

Email..... Mobile.....

Occupation.....

When was your last dental visit?.....

How will your account be settled today? Cash Eftpos Credit card Cheque

Do you have Dental Insurance? NO YES which provider?.....

Who can we thank for recommending us?.....

Medical History- Please circle if you have had any of the following:

Rheumatic fever	Hepatitis	Creutzfeldt Jacobs Disease
Epilepsy	High Blood pressure	Tuberculosis
Asthma	Diabetes	Excessive bleeding
Heart trouble	Aids/HIV	Kidney disease

Any other significant illness/condition?.....

Do you take any medication? If yes, please list:

Do you have any allergies or anaphylaxis?.....

Have you ever had any problems with dental treatment?.....

Ladies, are you pregnant? YES NO

PLEASE TURN OVER TO PROVIDE FURTHER INFORMATION FOR TODAY'S VISIT

I understand and acknowledge that by signing this form, I agree to the policies and conditions listed within this document and accept that the information that I have provided in this form is true and correct.

Signed:..... Date:.....

Welcome to Smile Designs.

To help us direct you to the best management for your needs today, please tick those aspects which may be of concern to you:

- General/Routine dental health
- Gums (i.e. bleeding) or bad breath
- Painful or broken tooth
- Sensitive teeth to temperature change
- Replacing missing teeth
- Cosmetic/Appearance/Whitening
- Jaw Pain/headaches
- Breathing difficulties at night/Snoring/Sleep Apnoea
- Worn teeth/collapsed bite

If you ticked cosmetic/appearance concerns, what part of your smile would you like to change?

Whiter

Straighter

Chipped/Broken

Worn

Other:

Please make note of the following:

Cancellation Policy

Please note we require 24 hours' notice to cancel appointments or a fee will be charged. Advanced treatments may require a deposit at time of booking.

Account Policy

Please note that we require payment in full for your treatment on the day of your visit. Hicaps facilities are also available. If you have private health insurance, you can claim your treatment on the day that you are seen, so you only have the gap payment to finalise. Should an account not be paid for in full, a debtors fee may occur.

Mobile Phone Policy

Mobile phones must be switched off or turned to silent when in the treatment room.

Privacy Policy

The information collected will be used for the purpose of providing treatment to you. Information including your name and address will be used to address accounts, process payments and to correspond with you about our services and any issues affecting your treatment.

We may disclose your information to other health professionals that is necessary in the context of your treatment. Your medical history, treatment records, x-rays and other material relevant to your treatment will be kept here and treated confidentially.