

Will we be assisting you with filing any medical or dental insurance? Yes No

Dental History

Have you ever experienced any of the following?

- | | | |
|---|--|--|
| <input type="radio"/> Orthodontic treatment | <input type="radio"/> Floss stuck between your teeth | <input type="radio"/> Food jammed between your teeth |
| <input type="radio"/> Jaw noise (pop, click) | <input type="radio"/> Gum bleeding when you brush | <input type="radio"/> Bite your lips or cheeks |
| <input type="radio"/> Night guard therapy | <input type="radio"/> Occasional bad breath | <input type="radio"/> Oral surgery |
| <input type="radio"/> Bite adjusted after dental work | <input type="radio"/> Teeth hurt when you bite or chew | <input type="radio"/> Head gear as a child or teen |
| <input type="radio"/> Limited opening | <input type="radio"/> Clenching/grinding | |

Do you currently have any of the following concerns or conditions?

- | | | |
|--|--|--|
| <input type="radio"/> Broken teeth | <input type="radio"/> Bad breath | <input type="radio"/> Missing teeth |
| <input type="radio"/> Abscess or infection | <input type="radio"/> Burning in your mouth | <input type="radio"/> Unexplained dry mouth |
| <input type="radio"/> Bone loss/Loose teeth | <input type="radio"/> Sensitive or sore teeth | <input type="radio"/> Aching gums |
| <input type="radio"/> Discoloration of teeth | <input type="radio"/> Uncomfortable dentures | <input type="radio"/> Leaking mercury fillings |
| <input type="radio"/> Unexplained gaps between teeth | <input type="radio"/> Extensive dental treatment | <input type="radio"/> Dental pain |

Sleep, Snoring, and Apnea History

Do you have any of the following?

- | | |
|---|---|
| <input type="radio"/> Wake up with headaches? | <input type="radio"/> Trouble falling asleep? |
| <input type="radio"/> Trouble waking up in the morning? | <input type="radio"/> Tonsils and adnoids? |
| <input type="radio"/> Trouble dreaming? | <input type="radio"/> Stop breathing in your sleep? |
| <input type="radio"/> Irritable or short tempered? | <input type="radio"/> Impaired memory or intellect? |
| <input type="radio"/> Insomnia? | <input type="radio"/> Chronic unexplained sleepiness/fatigue? |
| <input type="radio"/> Fall asleep during day against your will? | <input type="radio"/> Difficulty breathing through your nose? |
| <input type="radio"/> Snore or have been told that you do? | <input type="radio"/> Medications that assist you with sleep? |

Have any immediate family members been diagnosed or treated for sleep disorders?

Have you ever had an evaluation at a sleep center? Yes No

If you have sought treatment for a sleep disorder, did it help? Yes No

I hereby authorize the doctor and her team to perform any and all forms of treatment, medication, and therapy that may be indicated in connection with the dental care of the patient above. I also understand that previous to treatment, full explanation of the procedure(s) involved will be given by the doctor and/or team. I agree to pay for all services rendered by this office.

Signature of Responsible Party

Date



DENTISTRY BY ANGELA BRITT

AS YOUR DOCTOR . . .

The founder and owner of Dentistry by Angela Britt, Dr. Angela Britt, DMD, has been providing patient care and dentistry services across the coastal region including St. Simons, Jekyll Island, Sea Island and Savannah for over two decades. As a result of her commitment and passion for a positive experience, Dentistry by Angela Britt has become Southeast Georgia's provider of cosmetic, neuromuscular and sedation dentistry.

Originally from Baxley, Ga., Dr. Britt completed her undergraduate degree in Biology at Mercer University. Upon graduation, she was accepted to the Medical College of Georgia School of Dentistry, where she completed her dental training in 1992. Since that time, she has completed over a thousand hours in advanced continuing education with an emphasis on dental cosmetics and complex dental reconstruction, including TMJ relief. Although the minimum hours of continuing education to maintain a Georgia Dental License is only 40 hours every 2 years, Dr. Britt regularly exceeds the minimum hours to ensure she's current on techniques and advancements in dentistry. Her passion for advanced and cosmetic dentistry is evident in the vibrant and healthy smiles she creates.

Dr. Britt is an accredited member of the distinguished American Academy of Cosmetic Dentistry (AACD), a worldwide organization dedicated to advancing excellence in the art and science of cosmetic dentistry and at the time of her accreditation she was one of only eight accredited members statewide. The AACD Accreditation is a credentialing program similar to the specialty board certifications in medicine. The AACD Accreditation process is a rigorous three-part process consisting of a written examination, submission of five clinical cases and an oral exam.

Dr. Britt is one of a few hundred dental professionals worldwide who have achieved this prestigious honor. In addition, Dr. Britt has pursued extensive post-graduate continuing education at the world renowned Las Vegas Institute for Advanced Dental Studies (LVI) in cosmetic, reconstructive, implant, and TMJ related dentistry. She has been honored with the Fellowship status and is the only dentist in Georgia who holds both the LVI Fellowship and AACD Accreditation honors. Her education and experience make her qualified to offer not only cosmetic dentistry but also neuromuscular and sedation dentistry. In addition to her multiple qualifications, she is also a member of the Dental Organization for Conscious Sedation, the International Congress of Oral Implantology, the American Dental Association, the Georgia Dental Association, the Academy of General Dentistry, the American Academy of Implant Dentistry, and the American Academy of Facial Esthetics.

Medical History

Patient Name: _____
Last First MI Title

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: _____

Employer: _____ Occupation: _____

Whom may we thank you for referring you? AngelaBrittDMD.com TV Internet Print Ad
 Other _____

What type of dental procedures are you interested in understanding more about during your visit?

- Surgical Free Face Lift
- Metal Free Crown/Bridges
- Laser Dentistry
- Sedation Dentistry
- Whitening
- Veneers
- Dental Implants
- Non-surgical Gum Therapy
- Smile Rejuvenation
- New You Dentures
- TMJ Therapy
- Mercury Removal
- Sleep Apnea Therapy
- Medication Free Migraine Treatment

Instead of making recommendations to you based on how we would like to see you choose, we would prefer to offer your treatment options, based on how you would like to take care of your dental health. The following questions help us determine what is important to you...please choose one answer from each of the following:

- How (dental) healthy would you like to be?

Ideal-----Average-----Don't Care
- Almost all dental problems are predictable and preventable...in order to not overwhelm you with excess details, how preventive (or proactive) would you like to be regarding dental disease?

Ideal-----Worsening-----Hurts-Breaks
- How important are dental cosmetics to you?

High-----Medium-----Low
- Because the teeth and bite support the face and its overall appearance, there is an intimate relationship between tooth size, shape and position with lip and face support, wrinkles, and visual age appearance. How important are facial cosmetics to you?

High-----Medium-----Low

Medical History (continued)

Indicate which of the following you have had or have at the present.

- Anemia
- Arthritis
- Artificial Joints
- Aspirin Allergy
- Asthma/Hay Fever
- Bell's Palsy
- Blood Disorder
- Bruising
- C.O.P.D.
- Cancer
- Chronic Fatigue
- Circulation Problems
- Claustrophobia
- Clenching
- Codeine Allergy
- Cosmetic Surgery
- Depression/Anxiety
- Diabetes
- Drug/Alcohol Addiction
- Dry Mouth
- Emphysema
- Epilepsy
- Erythromycin Allergy
- Eye Pressure
- Facial Pain
- Fainting/Dizziness
- Fingers Tingle
- Glaucoma
- Gum Disease
- Headache
- Healing Complications
- Heart Defibrillator
- Heart Disease
- Heart Murmur
- Hepatitis A B C D E
- High Blood Pressure
- HIV/AIDS
- Hypoglycemic
- Insomnia
- Jaw Pain
- Kidney Problems
- Latex Allergy
- Liver Disease
- Major Surgery
- Mouth Sores
- Neck/Back Pain
- Nervous
- Neurological Disorders
- Pacemaker
- Penicillin Allergy
- Physically Disabled
- Posture Problems
- Pregnant or Trying
- Psychiatry/Psychological
- Radiation Treatment
- Rec. Drug Use
- Respiratory Disease
- Rheumatic Fever
- Ringing Ears/Congestion
- Schleroderma
- Serious Illness
- Sickle Cell Disease
- Sinus Trouble
- Sleep Apnea
- Stomach Problems
- Stroke
- Supervised Diet
- Thyroid Problems
- Tobacco Use
- Tooth Grinder
- Tuberculosis Active? Yes No
Exposed? Yes No
- Ulcers
- Venereal Disease
- Vertigo

List any allergies to medications not listed above.

List any medications that you are taking and the current dosage.

Do you have any disorder, condition or problem not listed?

Was there a specific incident, accident, or injury that triggered you making this appointment?

Do any of your present symptoms affect relationships with your family and/or friends? If so, how?

What are your expectations for this consultation?

What do you see yourself doing, after treatment, that you are not doing now?
