



# Keystone Dental Care

a service of Keystone Health

## Welcome to Keystone Dental Care!

We are honored you have chosen us to provide your dental treatment. We pride ourselves in offering comprehensive dental care. Please have the information listed below prepared to bring with you for your first dental visit.

- **Medical history** - including lists of surgeries, medications and supplements (Our clinical staff will be verbally collecting this information)
- **Dental x-rays** – Please contact your previous dental care provider and bring any recent x-rays with you including your last full mouth series and/or panorex x-ray. Or have your previous dentist e-mail them to our office at: [Keystonedental@keystonehealth.org](mailto:Keystonedental@keystonehealth.org) . Please note that a full mouth series and/or panorex is typically taken every 5 years.

A checklist is included in your packet to explain the information that you will need to have available at your first appointment.

Your first appointment will consist of information gathering to establish you as our patient and to diagnose your dental needs. Each patient's needs and appointments are unique. The circumstances surrounding this first encounter with us may factor into whether all preventative services will be completed in one visit, or if additional visits are required.

Your first appointment may require more than one visit depending on the following:

- The condition of your teeth and gums
- Your need for x-rays
- Other existing medical conditions

An initial appointment normally takes longer than future exams as it includes a comprehensive health history, dental x-rays, periodontal evaluation, and charting existing dental work. We will also be working with you towards developing a treatment plan that best suits your dental needs and goals.

**We look forward to meeting you!**

**\*\*\*NOTICE TO ALL PATIENTS and PARENTS\*\*\***

**Keystone Dental Care now requires that only one (1) person be allowed in the treatment area with the patient being seen for the appointment. We give utmost importance to the safety and security of our patients and their families. Allowing more than one (1) person in the treatment area affects those safety measures.**

Parents & Patients

1. When a child is being seen, other children will not be allowed in the treatment area. Children under the age of 13 or special needs persons are not to be left in the waiting room without a parent or guardian present.

2. Adults - If you are the patient with the appointment, we can not allow unattended young children or special needs persons in the treatment area who may require supervision.

Our employees are not able to babysit or take care of your children while you are receiving treatment. When scheduling your appointment please keep in mind that you will need to arrange childcare or bring another adult to attend your child in the waiting area.

3. **A parent or legal guardian must be present at the first visit** or any consent required visits, such as root canal or extraction. A Keystone Parental Permission Form must be signed and dated for any other adult to bring your children to basic services visits (exam, cleanings, fluoride, x-rays, fillings and sealants).

4. **All minor children under the age of 18 must have a parent, guardian or approved adult in the office during the entire treatment time.** If the adult leaves the office the treatment will be rescheduled.

5. Failure to comply with these policies may result in our not being able to see you for your appointment.

Patient Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

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

To be better prepared for your appointment, please refer to the following checklist for the items/information you will need to provide or complete at your first visit.

**You must arrive 15 minutes prior to your appointment time to complete the registration and forms process.**

***Provide:***

- **Photo ID** – Must be prepared to present at each visit
- **Current dental insurance card**- Needed at every visit

***Complete at visit:***

- **Persons permitted in treatment room with patient**

*This form is to make you aware of our policy on persons allowed in the treatment room and those that can or cannot be left in the reception room unattended. You will sign this at your first visit.*

- **Permission to share PHI**

*This is giving us permission to share your protected health information with people that you designate. We will ask you for the names of any person you wish to give access to your health and financial information.*