ORAL HEALTH SURVEY

What kind of toothpaste do you use?_____

Do you use a mouthrinse daily?_____

If yes: Which one?_____

Why?_____

Do you consume: Coffee?____ Tea?_____ Red wine?_____ Soda?_____

Use sugar to sweeten your beverages?_____

Chewing gum ? _____

Tobacco, pipe, chewing tobacco?_____

How often do you brush? _____times a day.

How often do you floss? _____

What type of toothbrush do you use? _____

Do you use any mechanical tooth cleaning devices? _____

If yes, which one? _____

Are your gums often tender? _____

Do they bleed? _____

Do you feel that you have bad breath? Circle one: Often Occasionally Seldom,
Only when eating garlic

Do you take vitamins or anti-oxidants regularly? _____

CONSENT TO USE OR DISCLOSE DENTAL AND MEDICAL INFORMATION

Federal and State Law require the privacy of your health information. At anytime you may request to see a copy of our Privacy Practices.

I authorize Dr. Melvin E. Cruser, III DDS to use and disclose the dental, medical and health information of _____for the following:

Treatment - includes activities performed by a dentist or dental hygienist as well as coordinating or managing care provided to you with third parties, and consultations involving dentists, physicians, and other health care providers.

Payment – includes activities involved in determining whether you are eligible for dental plan coverage, billing matters, and reimbursement for your dental benefit claims, as well as utilization management programs addressing review of dental services for clinical necessity, appropriateness of charges, precertification and preauthorization of services.

Health Care Operations – includes associated business and administrative affairs of this office.

Other (explain) _____

You have the right to revoke this consent. However, you must revoke this consent in writing. Any revocation would not pertain to information already used or disclosed pursuant to the consent during the time frame within which this consent is effective.

Date: _____ Signature of Patient _____

Date:_____ Signature of Guardian_____