



**RIO RANCHO ORTHODONTICS**

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**Medical History**

Physician \_\_\_\_\_

Address \_\_\_\_\_

Please circle Yes or No (If Yes, please fill in details)

- Yes No Is the patient taking any medications?
- Yes No Is the patient allergic to any medications?
- Yes No History of a major illness?
- Yes No Has the patient had any operations?
- Yes No Ever been involved in a serious accident?
- Yes No Have seen a physician in the last 12 months? Why?
- Yes No Female Patients Only:
- Yes No Has menstruation started?
- Yes No Is the patient pregnant?

Circle any of the medical conditions below that the patient has had or currently has.

- |                                     |                 |                          |                    |
|-------------------------------------|-----------------|--------------------------|--------------------|
| Abnormal bleeding/Hemophilia        | Diabetes        | Hepatitis/Liver Problems | Pneumonia          |
| Anemia                              | Dizziness       | Herpes                   | Prolonged Bleeding |
| Arthritis                           | Epilepsy        | High Blood Pressure      | Asthma or          |
| Hayfever/Gastrointestinal Disorders | HIV/Aids        | Rheumatic Fever          | Bone Disorders     |
| Heart Problems Kidney Problems      | Tuberculosis    | Nervous Disorders        | Heart Murmur       |
| Congenital Heart Defect             | Tumor or Cancer | Radiation/Chemotherapy   |                    |

Are there any medical conditions we have not discussed that you feel we should be aware of? \_\_\_\_\_

**DENTAL HISTORY**

General Dentist: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

What concerns you most about your teeth? \_\_\_\_\_

- Yes No Has the patient ever experienced any unfavorable reaction to dentistry? \_\_\_\_\_
- Yes No Has the patient ever lost or chipped any teeth? \_\_\_\_\_
- Yes No Have there been any injuries to face, mouth or teeth? \_\_\_\_\_
- Yes No Is any part of your mouth sensitive to temperature or pressure? Where? \_\_\_\_\_
- Yes No Do gums bleed when brushing? \_\_\_\_\_
- Yes No Does patient have any type of thumb or tongue habit? \_\_\_\_\_
- Yes No Is the patient a mouth breather? \_\_\_\_\_
- Yes No Has the patient ever experienced jaw clicking or popping? \_\_\_\_\_
- Yes No Aware of clenching or grinding teeth? \_\_\_\_\_
- Yes No Does the patient need extra help with instructions? \_\_\_\_\_
- Yes No Is the patient sensitive or self-conscious about his/her teeth? \_\_\_\_\_
- Yes No Has the patient ever seen an orthodontist? If yes, who and when? \_\_\_\_\_
- Yes No What is the patient's attitude toward receiving orthodontic treatment? \_\_\_\_\_
- Yes No Has anyone in the family received orthodontic treatment? \_\_\_\_\_
- Yes No Are you aware that some appointments will be during school hours? \_\_\_\_\_

I have truthfully answered all the above questions and agree to inform this office of any changes in my medical or dental history. In addition, I authorize Dr. Randy G. Alkire to perform a complete orthodontic evaluation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rio Ranch Orthodontics**  
**HIPAA**  
**Notice of Privacy Practices**

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

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations (TPO), and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, and related health care services.

**1. Uses and Disclosure of PHI:**

Your PHI may be used and disclosed by your dentist, his office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the dentist's practice and any other use required by law.

- **Treatment:** We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to your general dentist to whom you have been referred in order to assure that he/she has the necessary information to diagnose or treat you appropriately.
- **Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for hospital admission.
- **Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business of your dentist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing and conducting or arranging for other business activities. For example, we may disclose your PHI to dental school students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your dentist. We may also call you by name in the reception area when your dentist is ready to see you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment. We may use or disclose your PHI in the following situations without your authorization, as required by law: communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors and organ donation research, criminal activity, military activity and national security, worker's compensation, inmates, and required uses and disclosures. Also, under the law we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.
- **Appointment Reminders:** We may use and disclose dental information to contact you as a reminder that you have an appointment for treatment for dental care at Rio Rancho Orthodontics. The reminder may be by mail or as a telephone message.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke this authorization at any time in writing, except to the extent that the dentist or the dentist's practice has taken an action in reliance on the use or disclosure indication in the authorization.

**2. Your Rights** The following is a statement of your rights with respect to you PHI:

- **The Right To Inspect and Copy Your PHI:** Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
- **The Right To Request A Restriction To Your PHI:** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply. Your dentist is not required to agree to any restriction that you may request. If the dentist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another health care professional.
- **The Right To Request To Receive Confidential Communications From Us By Alternative Means Or At An Alternative Location:** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g. electronically.
- **The Right To Have Your Dentist Amend Your PHI:** If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement, and we will provide you with a copy of any such rebuttal.
- **The Right To Receive An Accounting Of Certain Disclosures We Have Made, If Any, Of Your PHI:** We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided by this notice.

**3. Complaints**

You may complain to us, or the Secretary of Health and Human Services, if you believe your privacy rights have been violated by Rio Rancho Orthodontics. You may file a complaint with us by submitting a written document to: Privacy Officer, Rio Ranch Orthodontics, 1316 Jackie Road, Suite 300, Rio Rancho, NM 87124. You will not be penalized for filing a complaint. This notice is effective on April 14, 2003, and will remain in effect until we replace it. We are required by law to maintain the privacy of, and provide the individuals with, this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at (505) 892-5749.

**Signature below is only acknowledgement that you have received this Notice of our Privacy Practices**

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# INFORMED CONSENT

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## *for the Orthodontic Patient* **Risks and Limitations of Orthodontic Treatment**

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not

have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited program after graduation from dental school.



American Association of Orthodontists

## Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

## Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

## Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

## Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

## Extractions

Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

## Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial

surgeon prior to beginning orthodontic treatment.

Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

## Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods.

## Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

## Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

## Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

## Injury From Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

## Headgears

Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury or especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

## Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

## Impacted, Ankylosed, Unerupted Teeth

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

## Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

## Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

## Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

*Continued on next page*

Patient or Parent/Guardian Initials \_\_\_\_\_

