Dr. Tyler Parsons, DMD
& Associates

BrightStarDental

**Enhancing Smiles,
Elevating Lives!**

Ph. (575) 526-4334 ● www.brightstardental.com ● 2010 E. Lohman Ave. Ste. 1 Las Cruces, NM 88001

New Patient Form

Name: _____ **Preferred Name:** _____ **Date of Birth:** _____

Social Security #: _____ **Home Phone #:** _____ **Work #:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail: _____ **Cell #:** _____

Occupation: _____ **Employed By:** _____

Emergency Contact: _____ **Relationship:** _____ **Cell #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Occupation: _____ **Employed By:** _____ **Work #:** _____

Primary Dental Insurance? Y ☐ N ☐ **Name of Insured:** _____ **SS# of Insured:** _____

Place of Employment: _____ **DOB of Insured:** _____

Secondary Dental Insurance? Y ☐ N ☐ **Name of Insured:** _____ **SS# of Insured:** _____

Place of Employment: _____ **DOB of Insured:** _____

Who may we thank for referring you to our office? _____

Preferred Pharmacy: _____ **Physician Name(s) (if any):** _____

Y ☐ N ☐ **I prefer to be sedated, and am interested in learning more about the sedation options offered at Bright Star Dental.**

Health History: (Please check any of the following conditions you have now or have had in the past.)

☐ Arthritis
☐ Asthma
☐ Cancer
☐ Cold Sores/ Canker Sores
☐ HIV
☐ Pacemaker
☐ Diabetes
☐ Epilepsy
☐ Fainting Spells
☐ Hay Fever
☐ Mental Health Therapy
☐ Severe Headache
☐ Heart Attack
☐ Heart Murmur
☐ Heart Problems
☐ Heart Surgery
☐ Hepatitis
☐ High Blood Pressure
☐ Jaundice
☐ Kidney Diseases
☐ Venereal Disease
☐ Lung Disease
☐ Rashes
☐ Rheumatic Fever
☐ Stroke
☐ Thyroid
☐ Tuberculosis
☐ Tumor
☐ Ulcers
☐ Presently Pregnant
☐ Trying to Become Pregnant
☐ Taking Birth Control Meds

For Office Use Only:

I am under active treatment for: _____

List surgeries (and dates): _____

List allergies (to food, material or medicine): _____

List medications, drugs, vitamins, minerals, or supplements: _____

_____

Please read the following before signing:
To the best of my knowledge, all the preceding answers are true and correct. If I ever have any changes in my health, or if my medications change, I will inform the Bright Star Dental LLC (Hereafter referred to as "Bright Star Dental"). I authorize the licensed dental providers employed or contracted by Bright Star Dental to perform any necessary dental treatment for my minor child or me. I understand that the details of the treatment will be provided for me, and I will be allowed to ask questions prior to actual treatment.

Possible risks and consequences of Dental Procedures:
Possible risks and consequences include: drug reactions and side effects, post-operative bleeding and/or pain, trigeminal neuralgia, post-operative infection and/or bone inflammation, jaw joint malfunction and/or pain, permanent numbness, need for root canal therapy after any filling, crown, partial crown, veneer or gum therapy, and/or loss of teeth. If any of these consequences occur, I understand that I am financially responsible for any additional treatment.

Possible Risks and Consequences of Dental Anesthesia
Possible risks and consequences include: pain, soreness, or stiffness in area of injection, prolonged or permanent numbness, hematoma, allergic reactions and side effects, trigeminal neuralgia, dizziness, nervousness, and heart palpitations. I understand that the practice of dentistry is not an exact science and, as a result, no guarantees can be provided.

Financial and Insurance Information:
I understand that Bright Star Dental accepts most dental insurance. I understand that even if I have dental insurance, I am financially responsible for any and all fees for my treatment not covered by my dental insurance. I authorize Bright Star Dental to release any information to my insurance company that is needed to process a claim. I understand that payment is due at the time of service. If I receive a dental exam and x-rays free of charge and choose to request my x-rays, I will be responsible for the fee associated with the free services. Bright Star Dental LLC will not refund any fees, at any time, for any procedures/treatment performed.

I authorize Bright Star Dental to use any and all models, radiographs, and photos for use in future lectures, presentations, publications and marketing materials including the internet.

Limited Warranty:
If any crown, partial crown or veneer has a problem (unrelated to a patient's lack of home care, a traumatic injury or misuse of teeth) within 5 years after placement, we may repair it or replace it. This warranty does not apply to restorations placed on teeth with a root canal procedure. Depending on the circumstances, we may repair it or replace it at no charge, prorate the charge, and/or the patient may be responsible for any additional laboratory and/or material costs. If a patient has not received his/her recommended regular cleanings, annual fluoride treatments or periodontal maintenance appointments, this warranty does not apply. For this warranty to apply, any and all treatment planned for the same quadrant as the tooth under warranty must be completed within one year of the placement of the crown/veneer.

Arbitration Agreement:
In an effort to control the increasing costs of dental care, any claims or disputes of the patient vs. Bright Star Dental LLC (hereafter referred to as Bright Star Dental) and/or the licensed dental professionals employed or contracted by Bright Star Dental and/or Bright Star Dental vs. the patient shall be resolved by binding arbitration. By signing this agreement, the patient and Bright Star Dental agree that any dispute of the patient vs. Bright Star Dental and/or Bright Star Dental vs. the patient relating to dental or medical care services rendered for any condition, including any services rendered prior to the date this agreement was signed, and any dispute arising out of the diagnosis, treatment or care of the patient, including the scope of the arbitration clause and the arbitrability of any dispute shall be resolved by binding arbitration. The patient and Bright Star Dental understand that the result of this arbitration agreement is that claims, including malpractice claims, that a patient may have against the doctor, will not be brought as a lawsuit in court before a judge and/or jury. Both parties to this agreement acknowledge they are giving up their constitutional right to have any disputed matter between them determined in a court of law and agree that all such matters will be resolved as described in this section. Any claim or lawsuit filed by a patient or their representative in violation of this arbitration agreement will subject the patient to liability for any expenses (including attorney's fees) incurred by Bright Star Dental in defending said claim or lawsuit.

Consent for Treatment:
I have read the above information and have had an opportunity to ask questions. I consent to treatment by the licensed dental professionals at Bright Star Dental. I understand that if I have any future questions, concerns, constructive criticism or complaints, it is my responsibility to contact Bright Star Dental by mail, email or phone.

We kindly ask all patients to give our office 2 business days' notice for any cancellations, reschedules or changes in appointments. If we do not receive notice at least 2 business days prior to a scheduled appointment, a $50 short-notice cancellation/reschedule fee will be applied to the patient's account. ($100 for short-notice cancelled/rescheduled appointments with one of our doctors.)

Patient Name Printed _____ ***Guardian Printed*** _____

Patient or Guardian Signature _____ ***Date*** _____

----------For Office Use Only----------

Staff Signature / (Witness): _____ ***Date:*** _____