



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

World-Class Smiles – Often Overnight!

www.aestheticdentaldesigns.com

Welcome to Aesthetic Dental Designs. Would you please be kind enough to answer the following questions? Please let our concierge know if we might tempt you with gourmet coffee, juice, wine, or cocktail. Thank you so much for being our guest!

Name (Last) (First) (Middle) / / M F S M D W
Date of Birth Sex Marital Status Social Security Number

Home Address (Street) (City) (State) (Zip Code) Home Phone Number

Cell Phone Other Phone Email

Name of Employer Occupation Driver's License Number

Business Address (Street) (City) (State) (Zip Code) Business Phone Number

Insured Member SSN Date of Birth Dental Insurance Co Relationship Subscriber's Employer

In case of Emergency, call: Home Address (Close Relative) Home Phone (Close Relative)
(Name of close relative NOT living at your home address.) Business Address (Close Relative) Business Phone (Close Relative)

General health (please check): EXCELLENT [ ] GOOD [ ] FAIR [ ] POOR [ ] Name of physician
Physician's address telephone number date of last physical

Are you pregnant? Yes [ ] No [ ] If yes, expected delivery date:
Do you smoke? Yes [ ] No [ ] If yes, how much?
Are you allergic to any medications? Yes [ ] No [ ] If yes, names of medications
Are you taking any medication now? Yes [ ] No [ ] If yes, names of medications and problems for which they are taken:
Medication 1) Taken for 3)
2) 4)

Have you ever had (please check-mark appropriate boxes):
Heart disease Yes [ ] No [ ] Cancer Yes [ ] No [ ]
Rheumatic fever Yes [ ] No [ ] Mitral valve prolapse Yes [ ] No [ ]
Abnormal blood pressure High [ ] Low [ ] No [ ] Night sweats Yes [ ] No [ ]
Ulcers Yes [ ] No [ ] Heart murmur Yes [ ] No [ ]
Tuberculosis or lung disease Yes [ ] No [ ] Jaundice Yes [ ] No [ ]
Diabetes Yes [ ] No [ ] Drastic weight loss Yes [ ] No [ ]
Epilepsy Yes [ ] No [ ] Asthma or hay fever Yes [ ] No [ ]
Anemia Yes [ ] No [ ] Sinus trouble Yes [ ] No [ ]
Congenital heart lesions Yes [ ] No [ ] Hepatitis Yes [ ] No [ ]
Arthritis Yes [ ] No [ ] X-ray treatments for cancer Yes [ ] No [ ]
Lymph node enlargement (swollen glands) Yes [ ] No [ ] Glaucoma Yes [ ] No [ ]
Common cold Yes [ ] No [ ] Persistent diarrhea Yes [ ] No [ ]
AIDS Yes [ ] No [ ] Stroke Yes [ ] No [ ]
Prolonged bleeding Yes [ ] No [ ] Fainting spells Yes [ ] No [ ]
Excessive urination and/or thirst Yes [ ] No [ ] Swollen ankles Yes [ ] No [ ]

If you have entered "yes" to any of the above, please explain:

What are your hobbies? Special Interests?

How did you hear of Dr. Snyder?

If patient was assisted with this form, Patient:
Enter name of person assisting: Print name Sign name Date Sign name\* Date

\*your signature indicates you have received a copy of the HIPPA law and Dental Materials forms as well as releasing Dr. Snyder to utilize any dental photographs for lecturing and educational purposes.

# DENTAL HEALTH and APPEARANCE

Reason for visit: \_\_\_\_\_ Approximate date of last dental visit: \_\_\_\_\_

What is your *primary* concern that you would like us to address first? \_\_\_\_\_

When would you like us to start treatment? \_\_\_\_\_

Have you ever had any serious problem associated with previous dental treatment or any dental emergencies? .....Yes  No

Is so, explain: \_\_\_\_\_

What, if anything, has happened in previous experiences at the dentist that was reason not to return? \_\_\_\_\_

Do you have missing teeth? \_\_\_\_\_ If yes, have you had them replaced? \_\_\_\_\_

If you *have* had missing teeth replaced, are you happy with the results? \_\_\_\_\_

If not, would you like to learn about your options to replace them? \_\_\_\_\_

Do you ever feel (or have you ever been told) that you don't have fresh breath? \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_ How often do you floss (routinely)? \_\_\_\_\_ What type of brush do you use? SOFT  MED  HARD

Do you avoid brushing any part of your mouth because of pain? Yes  No . If yes, what part? \_\_\_\_\_

Which foods cause you twinges of pain: hot  cold  sweet  sour  none  Do you lose fillings or break fillings? Yes  No

Do you chew on only one side of your mouth? ..... Yes  No  If yes, explain: \_\_\_\_\_

Do your gums feel tender or swollen? ..... Yes  No  Do you usually have many cavities?... Yes  No

Do you clench or grind your jaws while sleeping or during the day? ..... Yes  No  Do your jaws ever feel tired? ..... Yes  No

We respect your right to *choose* the level of care that fits *your* needs. We've found that many adults are unaware that problems even exist. There are *rarely* symptoms (pain, bleeding) associated with the aging and deterioration of teeth and gums – *until* it is far too late. According to the ADA, more than 80% of adult Americans have some level of gum disease. With your permission we would like to explain the *choices* available to achieve long-term health and beauty for your existing natural teeth. Please check **all** that apply:

- I desire to keep my own teeth for life, if possible. I want my teeth to look good, feel good, and *last* for a long time
- Spreading payments out over time may help me to achieve the excellent results I desire
- Phasing treatment, by priority, over a few years may make it feasible for me to achieve the excellent results I desire
- I *am* interested in a plan for long-term dental health. However, I am currently unable to pursue this, and would appreciate help with emergencies and cleanings for now
- Although I am not interested in a plan for long-term dental health, I *do* desire an office who will treat teeth in need of immediate/emergency attention, as well as keep me up to date on cleanings.

## COSMETIC/ESTHETIC EVALUATION

Are you delighted with your smile? \_\_\_\_\_ Please *rate* your smile from 1 to 10 (1= I hate my smile, 10= awesome) \_\_\_\_\_

Would you like to have whiter teeth?  Yes  No

If you had a *magic wand* what, if anything, would you change about your smile? \_\_\_\_\_

What (if any) personal or professional benefit might you gain if you had a gorgeous smile? \_\_\_\_\_

Do you have any *special* occasions coming up? \_\_\_\_\_

Through state of the art technology of Cosmetic Dentistry, we have the ability to help you achieve a World-Class Smile, *often overnight*...

Using Computer Assisted Dental Imaging and High Resolution Video Photography, we can simulate very closely how YOU would look after the improvements, PRIOR to any treatment! Imaging can be performed as part of your exam visit (at NO additional charge). Would you like to see what YOU would look like with a new and improved smile? Yes  No . If yes, please check off all that apply:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Lighten all front teeth showing | <input type="checkbox"/> Rebuild fracture(s) | <input type="checkbox"/> Straighten rotation   | <input type="checkbox"/> Eliminate dark or stained fillings |
| <input type="checkbox"/> Lighten single tooth            | <input type="checkbox"/> Lengthen            | <input type="checkbox"/> Straighten angulation | <input type="checkbox"/> Reduce gum showing in smile        |
| <input type="checkbox"/> Close spaces between teeth      | <input type="checkbox"/> Shorten             | <input type="checkbox"/> Eliminate crowding    | <input type="checkbox"/> Repair uneven edges                |

Please add anything you feel is important: \_\_\_\_\_

At Aesthetic Dental Designs, though **our focus is on appearance-related dentistry**, our team also delivers routine general dental care as well. With flexible payment plans as well as phasing treatment over time, you and your family can achieve spectacular long-term results. Thank you so much for the opportunity to be of service.

Warm regards,  
Todd Snyder

25500 Rancho Niguel Road, #230 Laguna Niguel, CA. 92677 (949) 643-6733 \* (949) 643-6731 FAX  
www.aestheticdentaldesigns.com



TODD C. SNYDER, D.D.S., P.C.

Here at TCS Aesthetic Dental Designs, Our Office Policy regarding financing is as follows: As a condition of the treatment performed by the Providers of the office; financial arrangements must be made in advance for the full cost of proposed treatment. The practices' vitality depends upon payment for services as rendered and it is the responsibility of the patient/patient parent-guardian to satisfy the costs incurred in dental care. Financial arrangements on the part of each individual must be determined prior treatment completion.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for at the time services are rendered. Additionally, a discount can be extended; at the management's discretion; for payments in full with cash or money order. (Inquire for more details)

Individuals who carry dental insurance understand that all dental services furnished are charged directly to the patient and that said patient is personally responsible for payment of all dental services provided, regardless of dental insurance reimbursement. As a customer courtesy, this office will help prepare and submit patients' insurance forms as well as assist in making collections from insurance companies. We will credit any such collections to the appropriate account. However, this dental office cannot render services on the assumption that our charges will be paid in part or in full by an insurance company. (Please understand that the amount to be paid by your particular policy is pre-determined and agreed to by your employer and the insurance company. If you have any questions about the amount the plan will pay or the treatments your plan will cover, you should refer these questions to your employer.) Additionally, there may be a deductible, a co-insurance factor, and a yearly maximum to be considered. Most policies cover what they consider a "usual and customary fee." However, the insurance company sets these fees, and they are not always the same as the fees that may be charged in this or any office. All these factors may combine to reduce the benefits you will ultimately receive. We will do our best to see that you receive full benefits within the structure of your particular dental plan.

A service charge of 2% per month (24% per annum) on any unpaid balance will be charged on all accounts exceeding 60 days from date of service, unless previously written financial arrangements are agreed upon and satisfied. Any account that is 120 days past due will be turned over to small claims court for further action.

I understand that the fee estimate listed for any proposed dental care can only be extended for a period of six months from the date of diagnosis and/or examination. I further acknowledge that the proposed treatment plan can shift and/or change from the diagnosed treatment plan once treatment is begun due to unforeseen circumstances beyond Dr. Snyder's control.

In consideration for the professional services rendered to me by the Doctor; at the providers recommendation or at my own request; I agree to pay, therefore, the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered, or within five (5) days of billing if credit shall be extended. I further agree that the reasonable value of said services shall be as billed unless objected to; by me, in writing, within the time allotted for payment thereof. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

I grant my permission to Dr. Snyder and/or Dr. Snyder's financial coordinator, to telephone me at home or at my place of business to discuss matters related to this form.

I have read the above conditions of treatment and payment and agree to their content.

\_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Signature of patient, parent or guardian

\_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Signature of guarantor of payment/responsible party



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## Oral Cancer Facts

**The death rate for oral cancer is higher than that of cervical cancer, Hodgkin's disease, cancer of the brain, liver, testes, kidney, ovary, or skin cancer (malignant melanoma).**

Some 30,000 Americans will be diagnosed with oral or pharyngeal cancer this year. It will cause over 8,000 deaths, killing roughly 1 person per hour, 24 hours per day. Of those 30,000 newly diagnosed individuals, only half will be alive in 5 years. This is a number that has not significantly improved in decades. If you expand the definition of oral cancers to include cancer of the larynx, for which the risk factors are the same, the numbers of diagnosed cases grow to 41,000 individuals and 12,500 deaths per year in the US alone. *The death rate associated with this cancer is particularly high due to the cancer being routinely discovered late in its development.*

Oral cancer is particularly dangerous because it has a high risk of producing second, primary tumors. This means that patients who survive a first encounter with the disease have up to a 20 times higher risk of developing a second cancer.

*Oral Cancer Screenings need to be done twice a year. There are numerous new non-invasive technological advances to find oral cancer in its early stages. Please inquire about our non-invasive early cancer diagnostic tests from anyone of our staff members.*



TODD C. SNYDER, D.D.S., P.C.

## SOME THINGS YOU SHOULD KNOW ABOUT DENTAL BENEFITS.

At TCS Aesthetic Dental Designs, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of folks. Some have dental benefits others don't. If you have dental benefits, congratulations! You are very fortunate. If you don't we have numerous ways to make any type of dental care affordable for you. Here are some important things you should know if you do have dental benefits...

Your dental benefits are based upon a contract made between your employer and an employee benefits company. **If you have any questions regarding your dental benefits please contact your employer or the benefits carrier directly.**

Dental benefits differ greatly from medical benefits. In 1959, most dental benefit plans had a yearly maximum cap of \$1,000. You'll be surprised to know today that the average dental benefit plan has a yearly maximum cap of \$1,500. **There has been no significant increase in the yearly maximum cap in 40 years!** However, there have been significant increases in your premiums. **Dental benefit plans will never pay for completion of your dental care. It has always been meant to assist you.**

Many people receive notification from their insurance company that dental fees are "*above usual and customary.*" A dental benefits company determines their reimbursement level by surveying a geographical area, calculating the average fee, and then determines that 80% of the average fee is customary. Included in this survey are numerous discount dental clinics and managed care facilities, which have severely reduced dental fees that bring down the overall average. **Any doctor in private practice will have fees that dental benefit companies define as "*higher than usual and customary.*"**

Many dental benefit plans tell their participants that they will be covered "up to 80% or 100%" but do not clearly specify the plan fee schedule allowance, annual maximum or limitations. It is more realistic to expect dental benefit plans to cover between 25% to 40% of dental services. **Remember that the amount a plan reimburses is determined by how much your employer has paid for your dental benefit plan.** You will get back only what your employer has put in, less the insurance company's profit margin.

**Dental benefit companies do NOT cover many routine and newer dental services.**

Our team members will gladly assist you in filling out the necessary forms to maximize your dental benefits and discuss your financial options. Excellent dental care is available with or without dental benefits. We hope you will choose the best that dentistry has to offer.

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TCS Aesthetic Dental Designs offers a new concept in dental care and treatment unlike any other dental office. “Five Star Service” and luxurious accommodations along with personal attention to individual needs in an open caring environment.

Dr. Snyder has developed an office encompassing the finer aspects of each office he has worked at to provide the highest level of quality and customer service. He provides complimentary consultations and second opinions so that patients can be properly informed before making decisions on their dental health.

New technological advances in equipment and state of the art techniques are provided to create the best possible results with the least invasive procedure. Procedures provided include digital x-rays (90% less radiation), early cavity detection with lasers (provide earlier diagnosis than any other diagnostic devices), definitive canker sore treatment (immediate relief of discomfort and quicker healing), at home teeth whitening, white fillings, implants, veneers, ceramic inlays and onlays (less invasive alternative to traditional ceramometal crowns) and all-ceramic crowns. The office also features the one appointment BriteSmile in office teeth whitening procedure.

Dr. Todd C. Snyder received his doctorate in dental surgery at the University of California at Los Angeles School of Dentistry. Since then, he has continued his education by learning from and working under some of the most sought after leaders in dentistry, refining his skills in comprehensive, extremely high quality aesthetic dentistry.

Dr. Snyder lectures at dental conventions around the country and is on the professional faculty at U.C.L.A. and Esthetic Professionals (a post doctorate educational facility) where he is a featured lecturer and researcher. Additionally, Dr. Snyder is a consultant for numerous dental manufacturing companies and has had the opportunity to research and recommend changes for many of the materials now being used in dentistry.

With his passion for aesthetic dentistry, Dr. Snyder helped create and co-direct the first (in the nation) two-year graduate program in Aesthetic and Cosmetic Restorative Dentistry at the U.C.L.A. School of Dentistry. Dr. Snyder has also authored various articles in dental publications and published a book on contemporary restorative and cosmetic dentistry.

Dr. Snyder’s compassion for underprivileged children in the United States prompted him to start a children’s dental charity known as Miles To Smiles. The goal of the non-profit organization is to have a mobile dental facility that can go to under served areas and provide much needed dental care and information to indigent children. If you would like to help you may contact us or go online to:

[www.milestosmiles.org](http://www.milestosmiles.org)

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