



# Lane Oral & Maxillofacial Surgery P.C. & Dental Implant Center

WILLIAM F. LANE, D.M.D.

GLENN A. BRANCA, D.D.S

## Patient Information & Medical History

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

General Dentist: \_\_\_\_\_ General Dentist Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Purpose of this appointment: \_\_\_\_\_

1. Are you having pain or discomfort at this time? .....Yes No
2. Have you ever been asleep for an operation? When? .....Yes No
3. Have you been a patient in the hospital during the past five years?.....Yes No
4. Have you been under the care of a medical doctor within the past five years?.....Yes No  
What problems have been treated? \_\_\_\_\_

Please list the names & addresses of your doctors: \_\_\_\_\_

5. Have you ever had any excessive bleeding requiring special treatment?.....Yes No
6. Are you allergic (i.e., itching, rash, swelling of hands, feet or eyes, etc.) or made sick by penicillin, aspirin, codeine, or any other drugs or medications?.....Yes No
7. Are you taking any medicine now? Please list: \_\_\_\_\_

8. Please circle any of the following which you have had or have at present:

Heart failure	Anemia	X-ray or cobalt treatment	Hemophilia
Heart disease or attack	Stroke	Chemotherapy (cancer, leukemia)	Venereal disease (syphilis, gon.)
Angina pectoris	Kidney trouble	Arthritis	Cold sores
High blood pressure	Ulcers	Rheumatism	Genital herpes
Heart murmur	Emphysema	Cortisone medicine	Epilepsy or seizures
Mitral Valve Prolapse	Cough	Glaucoma	Fainting or dizzy spells
Rheumatic fever	Tuberculosis (TB)	Pain in jaw joints	Nervousness
Congenital heart lesions	Asthma	Hepatitis A (infectious)	Psychiatric treatment
Scarlet fever	Hay fever	Hepatitis B or C (Serum)	Sickle Cell disease
Artificial heart valve	Sinus trouble	Liver disease	Bruise easily
Heart pacemaker	Allergies or hives	Yellow jaundice	Artificial joint
Heart surgery	Diabetes	Blood transfusion	Lyme Disease
High Cholesterol	Thyroid disease	Drug Addiction	Migraine Headaches

9. When you walk up stairs or take a walk, do you ever have to stop because of pain in your chest or shortness of breath or because you are very tired?.....Yes No
10. Have you lost or gained more than 10 pounds in the last year?.....Yes No
11. Do you ever wake up from sleep short of breath?.....Yes No
12. Are you on a special diet?.....Yes No
13. Has your medical doctor ever said you have a cancer or tumor?.....Yes No  
What type? \_\_\_\_\_  
Are you presently being treated? \_\_\_\_\_
14. Do you have any disease, condition or problem not listed?.....Yes No
15. Do you smoke or chew tobacco? How much?.....Yes No
16. Do you drink alcoholic beverages? How much?.....Yes No
17. Do you wear contact lenses?.....Yes No
18. WOMEN: Are you pregnant now?.....Yes No  
Are you practicing birth control?.....Yes No  
Do you anticipate becoming pregnant?.....Yes No  
When was your last menstrual cycle? \_\_\_\_\_

*To the best of my knowledge, all of the preceding answers are true and correct. If I have any change in my health, or if my medicines change, I will inform the doctor of dentistry at the next appointment without fail.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
William F. Lane, D.M.D./Glenn A. Branca, D.D.S.

\_\_\_\_\_  
Date

# LANE

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## Patient Consent Form

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The Department of Health and Human Services has established a "Privacy Rule" to help ensure that Personal Health Information (PHI) is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care operations.

As our patient, we want you to know that we respect the privacy of your personal dental records and will take all reasonable precautions to secure and protect that privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal dental records. We may have to disclose personal health information to laboratories, and other ancillary health care providers for purposes of treatment, payment or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your Personal Health Information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information. If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer. You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PERMISSION TO CONTACT BY PHONE**

I, (print name) \_\_\_\_\_, give permission for Lane Oral Surgery to contact me by phone and, if necessary, leave messages regarding treatment, financial responsibility, and/or appointments.

30 Resnik Road  
Plymouth, MA 02360  
**508.746.8700**  
Fax. 508.746.2434

443 Route 130  
Sandwich, MA 02563  
**508.888.8898**  
Fax 508.888.8887

Email: [Laneoms@comcast.net](mailto:Laneoms@comcast.net)

# LANE

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## Compliance Assurance Notification for Our Patients

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### **To Our Valued Patients:**

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.

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