

TOWSON PERIODONTAL ASSOCIATES

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Practice Limited to Periodontics

Fax 410-321-9607

TELEPHONE 410-321-9477

REGISTRATION

Patient's Name _____ Date _____
 Address _____ City _____ State _____ Zip Code _____
 Telephone: Home _____ Work _____
 Cellular _____ Fax _____ E-mail Address: _____
 Martial Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Minor _____
 Date of Birth _____ Age _____ Social Security No. _____
 Employer _____ Occupation _____
 Business Address _____ Business Phone No. _____
 Name of Spouse _____ Spouse's Employer _____
 Spouse's Date of Birth _____ Spouse's Social Security No. _____
 Referred by _____
 Person Responsible for Payment of Account _____
 Address, if different from above _____
 Dental Insurance Company _____
 Medical Insurance Company _____
 Spouse's Dental Insurance Company _____
 Spouse's Medical Insurance Company _____

Medical History

Physician's Name _____
 Date of last physical exam _____ Do you have or have you had any of the following?
 Please indicate with a check mark (✓)

<input type="checkbox"/> Any heart problems	<input type="checkbox"/> Anemia	<input type="checkbox"/> Ulcer	Are you taking any of the following medications?
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Venereal Disease	
<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other?	
<input type="checkbox"/> Circulatory problems	<input type="checkbox"/> Diabetes/Hypoglycemia	Ladies, Are you pregnant?	
<input type="checkbox"/> Nervous problems	<input type="checkbox"/> Hepatitis	_____	<input type="checkbox"/> Daily Aspirin
<input type="checkbox"/> Radiation treatments	<input type="checkbox"/> Herpes		<input type="checkbox"/> Fosamax
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Malignancies		<input type="checkbox"/> Actonel
<input type="checkbox"/> Excessive bleeding	<input type="checkbox"/> Measles		<input type="checkbox"/> Boniva
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Mumps		<input type="checkbox"/> Areida
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Psychiatric care		<input type="checkbox"/> Zometa
<input type="checkbox"/> Do you smoke?	<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Coumadin
How Much?	<input type="checkbox"/> Scarlet Fever	Blood Pressure:	<input type="checkbox"/> Herbal medications
_____	<input type="checkbox"/> Sinus Problems	S _____ / D _____	<input type="checkbox"/> Intestinal problems
<input type="checkbox"/> Allergies to anesthetics	<input type="checkbox"/> Stroke		
<input type="checkbox"/> Allergies to medicines	<input type="checkbox"/> Typhoid Fever		
<input type="checkbox"/> Allergies to drugs	<input type="checkbox"/> Tonsillitis		
<input type="checkbox"/> Allergies to _____	<input type="checkbox"/> Tuberculosis		

List current medications and dose: _____

List all hospitalizations: _____

Please describe any current medical treatment, impending operations, or any other medical or dental information that may possibly affect your dental treatment. _____

Is there anything that you would like to discuss privately with the doctor? _____

OTHER SIDE PLEASE!

YOUR DENTAL HISTORY

Are you currently experiencing pain from your mouth? Yes No
 Have you ever had periodontal treatment? Yes No
 Has periodontal disease been found in your mouth before? Yes No
 Have you completed any recent dental procedures? What? Yes No
 Do you fear dental treatment? Yes No
 Have you had any teeth extracted recently? Yes No
 Can you chew satisfactorily? Yes No
 Have you had many cavities? Yes No
 Are you satisfied with the appearance of your teeth? Yes No
 Have you ever had trench mouth? Yes No
 Are you embarrassed by bad breath? Yes No
 Have you noticed any bad oral odors or taste? Yes No
 Have you ever had a tooth or gum abscess? Yes No
 Are your teeth sensitive to hot or cold drinks, sweets, chewing, or touch? Yes No
 Have you noticed any rough, sharp, or uneven fillings? Yes No
 Does food catch or wedge between your teeth? Yes No
 Have you noticed bleeding during brushing, flossing, or eating? Yes No
 Do you have any loose teeth? Yes No
 Are your gums receding? Yes No
 Have you noticed itching or other sensations in your gums? Yes No
 Do your teeth come together unevenly? Yes No
 Do you awaken with "tightness" or pain in the jaw joints? Yes No
 Do your jaw joints hurt after eating, talking, yawning, or after a long day? Yes No
 Do your jaw joints pop or click? Yes No
 Do you clench or grind your teeth at night or during the day? Yes No
 Have you noticed your bite changing or any teeth moving? Yes No
 Have you noticed increasing spaces between your teeth? Yes No
 Do you have any eating disorder? Yes No
 Do you consume alcohol on a daily basis and if so, how much?

Do you take vitamins or diet supplements? Yes No
 Are you frequently dieting? Yes No
 Do you eat many sweets? Yes No
 Do you use breath mints - "Lifesavers", "Clorets", "Certs", "Tic Tacs", chewing gum, or hard candies? Yes No
 Do you drink colas, coffee, or tea with sugar? Yes No
 Do you regularly eat breakfast cereal or pastries? Yes No
 Do you regularly use "Tums", "Rolaids", or other Antacids? Yes No

Please note any items you use in your mouth care and how frequently you use each:

	Frequency	Frequency
() Toothbrush	() ()	() () Stimulents
() Floss	() ()	() () Rubber tip
() Water spray device	() ()	() () Mouthwashes
() Electric toothbrush	() ()	() () Toothpicks
() Proxabrush	() ()	() () Other

Have you ever experienced a burning sensation of the tongue? Yes No
 Are your teeth affecting your general health in any way? Yes No
 When was your last dental exam? _____
 When was your last dental cleaning? _____
 Was it a series of cleanings? _____
 How long ago did your dentist recommend periodontal treatment? _____

If the patient is a child covered on your dental insurance as is under the age of 18, please supply the name of the school that the child attends. If the child is a full time college student, please supply the name of the college and student verification.

I consent to whatever dental procedures and anesthetics are necessary for the treatment of the patient named on this form. I also agree to assume full responsibility for all treatments rendered. Past balances are subject to a 1.5% interest per month plus legal costs and reasonable legal fees **unless prior arrangements were made.**

Signature _____ Date _____

Doctor Signature _____ Date _____

**ACKNOWLEDGMENT
OF
PRIVACY PRACTICES**

Thomas E. Daley, D.D.S.
Kathryn Mutzig, D.M.D.
James D. Kassolis, D.D.S.
521 E. Joppa Road, Suite 200
Towson, Maryland 21286
410-321-9477

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers for my health care services
- Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of my dental provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such *Notice of Privacy Practices*. I understand that my dental provider has the right to change the *Notice of Privacy Practices* and that I may contact this office at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____ Date: _____

Signature: _____

Relationship to Patient: _____

Dependent family members also covered by this acknowledgment:

For Office Use Only:

We were unable to obtain the patient's written acknowledgment of our Notice of Privacy Practices due to the following reason:

- The patient refused to sign
- Communication barriers
- Emergency situation
- Other



Thomas Daley, DDS

Kathryn Mutzig, DDS

James Kassolis, DDS

A Comfortable Experience From The Leaders In Periodontics

FINANCIAL ARRANGEMENTS

Dear Patient:

In an effort to provide you with flexible payment options, we have expanded our payment policy. **PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT.** We will perform a complimentary benefit check and provide you with estimated co-pay amounts prior to any procedure.

We offer the following payment options:

- Payment by cash
- Payment by check (A returned check fee of \$35.00 will be assessed)
- Payment by credit card (Visa, MasterCard, Discover, American Express)
- Payment arrangements with outside healthcare financing

Please make your choice, sign below and return to the receptionist prior to treatment.

If none of the above apply, please see the office manager. Thank you.

Print your name here and sign below

X _____

Date: _____

PRE-SURGICAL REMINDERS /INSTRUCTIONS

Please schedule your appointment on a day that you will be able to take off for the rest of the day.

If you take daily ASPIRIN, COUMADIN, HEPARIN, frequent IBUPROFEN (MOTRIN/ALEVE) or any other blood thinners, please stop five days prior to your appointment. (Please consult with your medical doctor before stopping any of the above medications.) Refrain from having any alcohol 3 days prior to surgery.

If you are a patient who requires *PRE-MEDICATION* with *ANTIBIOTICS*, please remember to take this at the prescribed time and dosage before your appointment. You will also need to do this before your suture removal.

If you decide to be pre-medicated with Valium and/or Oral Conscious Sedation, PLEASE call our office **at least 48 hours prior to your appointment** so that we may call in the appropriate prescriptions to your pharmacy. In addition, you MUST have someone bring you to the appointment and take you home after.

You may eat/drink normally before your appointment, and we encourage you to do so. However, if you are taking *TRIAZALOM* (conscious sedation), please do not eat six hours prior to surgery.

We suggest you have approximately 6 oz. pineapple juice or 3 slices of pineapple per day for 3 days prior to surgery to help reduce swelling and bruising.

Please call us prior to your appointment if you have any cold or flu symptoms.

Please wear comfortable clothing to your appointment.

After your procedure, we will fully explain the post-operative instructions to you.

Some items to have on hand at home:

Ice bag or frozen bag of peas/corn

Chloraseptic Throat Spray (to be found in the Cold/Flu Aisle)

Pineapple juice or slices

Extra Strength Tylenol

Various (non-spicy) soft foods: examples:

Applesauce, baked potatoes, cottage cheese, cream soups, fish or fish sticks, Jello, macaroni & cheese, mashed potatoes & gravy, meatloaf w/ gravy, omelets, pudding, scrambled eggs, yogurt or frozen yogurt.

If you have any questions, please feel free to give us a call.



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Post Surgical Instructions

These instructions are designed to instruct you in procedures that will minimize post-surgical discomfort and inform you of situations that may require special attention.

1. DISCOMFORT

It is not unusual to have a certain amount of discomfort for a day or two following your surgical procedure. You will be given a prescription for a medication to help insure a mild post-surgical recovery period. Please use this medication as prescribed for the control of severe discomfort. If necessary, you may take 2 Tylenol four hours after each dose of pain medication.

2. SWELLING and BRUISING

We suggest pineapple juice or pineapple slices for 3 days to avoid possible bruising. Minor swelling may occur following your surgical procedure. To pre-vent or minimize swelling, we recommend that you place an ice pack over the area, 20 minutes on and 10 minutes off, for the first 48 hours following surgery. You should also elevate your head with four or five pillows or use a recliner.

Two days after surgery, apply hot, wet compresses (not a heating pad) to the involved area. Optimum swelling often peaks 4 days after surgery. We recommend that you avoid all strenuous exercise and heavy lifting as long as swelling is present.

3. BLEEDING

To avoid excessive bleeding, we *strongly* advise that you do not take any aspirin for two days following surgery. We also *strongly* advise that you do not drink alcoholic beverages the night of the surgery.

A small amount of bleeding is all that is necessary to discolor saliva. *Do not* be alarmed as this is normal.

If excessive or continuous bleeding occurs:

discontinue all rinsing.

sit in an erect position (do not lie down).

apply a moistened cold tea bag to the affected area for twenty minutes (repeat if necessary).

If bleeding continues, please do not hesitate to contact the office.

4. DRESSING

The dressing (which acts as a band-age) is used to protect the surgical site and help reduce discomfort. If pieces fall off, it is of no concern unless the area becomes uncomfortable. Since the dressing is biocompatible, swallowed pieces are not harmful.

5. RINSING

It is advisable to rinse your mouth with Chloraseptic Throat Spray. This will help keep the dressing clean, odor free, and act as a surface anesthetic. After 3 days you may use warm salt water rinses consisting of 1 teaspoon of salt in 8 ounces of warm water.

6. SPECIAL MEDICATIONS

In some instances, antibiotics may be prescribed following your surgical procedure. You should take the entire prescription. It is to your advantage to take all pre-scribed medications (antibiotics, discomfort medications) as close to the advised time schedule as possible. If stomach upset occurs, stop medication immediately, and call our office for instructions.

7. PLAQUE CONTROL

You are now aware of the significance of plaque and the importance of good home care in the success of your periodontal or implant therapy. Although it is not advisable to brush the dressing, you may clean the surgical areas with a wet wash cloth to remove food particles and plaque. It is important that you continue plaque control procedures in all other areas.

8. DIET

Do not eat solid food on the side that was operated on for a period of eight hours. Avoid hot foods for two hours, and hot liquids for 24 hours. A liquid diet may be used at first, but remember, adequate nutrition is essential for healing. Try to avoid spicy, acidic and/or chewy foods on that side.

9. DIETARY SUGGESTIONS

Some dietary recommendations are:

- Applesauce
- Baked potatoes
- Cottage cheese
- Cream soups
- Fish or fish sticks
- Jello
- Macaroni and cheese
- Mashed potatoes and gravy
- Meatloaf with gravy
- Omelets
- Pudding
- Scrambled eggs
- Yogurt or frozen yogurt

A milkshake after surgery will have a soothing effect. Do not drink through a straw. If you have any questions or problems, please do not hesitate to contact us by calling:

Office: 410-321-9477
Dr. Daley: 410-913-1517
Dr. Mutzig: 410-746-1489
Dr. Kassolis: 410-925-8704

Drugs containing ASPIRIN, SALICYLATES, SALICYLAMIDES, or IBUPROFEN should be avoided 7 days prior to surgery.

Non-Prescription Products containing aspirin, salicylates and/or salicylamides:

Alka-seltzer
 Alka-seltzer Cold Medicine
 Anacin Tables & Capsules
 Anodynos Tablets
 Arthralgen Tablets
 Arthritis Pain Formula Tablets
 Arthritis Strength Bufferin
 Arthropan Liquid
 A.S.A. Tablets
 A.S.A. Enseals
 Ascriptin Extra Strength Tablets
 Asperbuf Tablets
 Aspergum
 Bayer Aspirin Tablets
 Bayer Children's Aspirin Tablets
 Bayer Children's Cold Tablets
 Bayer Timed Release Aspirin
 BC Tablet and Powder
 Buffaprin Tablets
 Bufferin Tablets
 Buffinol Tablets

Cosprin Tablets
 Cama Arthritis Pain
 Code Tablets
 CP-2 Tablets
 Dasin Capsules
 Duradyne Tablets
 Ecotrin Tablets
 Emagin Tablets
 Empirin Tablets
 Excedrine Tabs/Capsules
 4-Way Cold Tablets
 Measurin Tablets
 Midol Caplets
 Moblegesic Tablets
 Momentum Tablets
 Pabalate
 Pepto-Bismol Tabs/Suspen.
 Persistin Tablets
 Supac
 St. Joseph Aspirin for Children
 St. Jos. Cold Tabs for Children

Prescription Products containing aspirin, salicylates and/or salicylamides:

Anaprox
 Argesic Tablets
 Ascriptin w/Codeine Tablets
 Axotal Tablets
 Buff-A-Comp Tabs/Capsules
 Buff-A-Comp #3 with Codeine
 Bufferin with Codeine # 3
 Darvon with A.S.A. Pulvules
 Norgesic & Norgesic Forte
 Darvon Compound Pulvules
 Darvon Compound - 65
 Darvon-N with A.S.A.
 Disalcid Capsules
 Easprin
 Emprin with Codeine
 Equagesic Tablets

Fiorinal Tablets
 Fiorinal w/ Codeine
 Lanorinal Tablets
 Magan Tablets
 Magsal Tablets
 Mamal Capsules
 Micranin Tablets
 Naprosyn
 Pabalate-SF Tablets
 Percodan
 Robaxisol Tablets
 SK-65 Compound Caps.
 Synalgos DC Capsules
 Talwin Compound
 Trillsatge Tabs/Liquid
 Zorprin

Advil
 Medipren
 Motrin
 Motrin 800
 Nuprin

Non-Prescription Products containing Ibuprofen
****Check with the doctor about usage of these medications after surgery****

Important information regarding the:

Harmful Effects of Herbs

During the pre-operative period

Provided to you by:

Towson Periodontal Associates

521 E. Joppa Rd. # 200
 Towson, MD 21286
 (410) 321-9477

and

VitaMedica, Inc.

1140 Highland Ave. # 196
 Manhattan Beach, CA 90266



Thomas E. Daley, DDS
 Kathryn Mutzig, DMD
 James D. Kassolis, DDS

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A national survey on the use of alternative medicine reported that Americans have increased their use of herbs. Many people are able to rattle off a list of herbs beneficial for a specific ailment, often being more knowledgeable than their health care providers. Swallowing a garden variety of herbs has become as common as taking a daily vitamin for many people.

Unfortunately, most people often use herbs without an awareness of potential adverse effects and interactions. Most people believe that because herbs are plants and natural products, they are harmless. They may overlook the reality that herbs can be harmful.

Herbs can cause toxins in the body. Several known reactions include; stress on the liver and thinning of the blood. This is critical if you are already taking medications to thin the blood. If you take ginkgo biloba, garlic, ginger, and feverfew, the result can cause hemorrhaging. Above all, do not mix prescribed medications with any over-the-counter or herbal product.

Yes, herbs and vitamins can be beneficial. But it is critical that you consider ALL of your health issues, and ALL your medications you are on before deciding which supplements to take. You could be doing yourself harm, by helping one condition you may be hurting another. For example, it is well known that vitamin E is a powerful antioxidant and is helpful to your health in numerous ways. However, we caution you! If you are taking aspirin on a daily basis, or any blood thinning medication such as warfarin or coumadin, DO NOT blindly take Vitamin E.

Understanding that it is so important to let your doctor know all medications and herbs you may be on can be critical. The following is a list of supplements to discontinue during the pre-operative period.

Supplements to Discontinue During the Pre-Operative Period

Currently, many patients are taking nutritional supplements in increasing amounts†. Although these “natural products” may be beneficial for a variety of ailments, their use around the time of surgery may not be desirable. Therefore, it is advisable to stop taking these products to avoid problems with surgery and anesthesia. If time permits, discontinue the use of these products two weeks prior to surgery, and two weeks after surgery.

Bilberry (vaccinium myrtillus) - Contains anthocyanosides, flavonoid compounds that improve visual acuity and are important in the treatment of eye disorders. Excellent antioxidant that strengthens capillaries & collagen. Has antiplatelet activity and may inhibit clot formation.

Cayenne (capsicum annuum) - Used for GI tract disorders. Overdose may cause severe hypothermia.

Dong Qual (angelica sinensis) - The main application is in the relief of menstrual disorders and menstrual cramps. Often used to relieve menopausal symptoms. Active constituent is coumarin derivative, which may potentiate existing anticoagulant medications.

Echinacea (echinacea augustifolia) - Immune system stimulant with anti-inflammatory, antiviral and antibacterial effects. Used as a prophylaxis for upper respiratory infections. Use of echinacea may impact the liver when general anesthetics or certain other medications such as anabolic steroids or methotrexate are used.

Feverfew (tanacetum parthenium) - Used for migraine headache prevention and for arthritis, rheumatic disease & allergies. May increase bleeding, especially in patients taking certain anti-clotting medications. †A 2000 survey at the University of Colorado found 73% of surgical patients took preoperative alternative supplements. In a Texas study, of the pre-surgical patients consuming botanical medicines, 70% reported that they did not disclose use during the anesthetic review.

Fish Oil Caps - Supplies important omega-3 fatty acid DHA, and EPA, used to reduce cholesterol and triglyceride levels. Has blood thinning properties.

Garlic (allium sativum) - Garlic has vasodilatory, hypo-cholesterolemic effects and anti-platelet effects. May augment effects of coumadin, warfarin, and NSAIDs causing abnormal bleeding time.

Ginger (zingiber officinale) - Useful in antispasmodic, anti-inflammatory and anti-nauseant. Prophylactic for motion sickness and used to stimulate appetite. Useful for post-op emesis. Use of ginger may alter bleeding time. Ginger may interfere with cardiac and anticoagulant medications.

Ginkgo Biloba (ginkgo biloba) - One of the oldest living tree species which can live up to 1,000 years and grow to a height of 120 feet. Used as an antioxidant and circulatory stimulant. Used for treatment of intermittent claudication, tinnitus, vertigo, memory enhancement, and sexual dysfunction. Anticoagulant activity is 3x stronger than vitamin E.

Ginseng (panax ginseng/panax quinquefolium) - At least 3 different varieties: Asian, American, & Siberian. Improves physical & cognitive performance, mood or metabolism. An adaptogen and an antioxidant. Anticoagulant that may interact with cardiac, hypo/hypertensive medications and hypoglycemic agents.

Hawthorne (crataegus laevigata) - The extract is used for its ability to potentiate the action of cardiac glycosides. Used in the treatment of ischemic heart disease, hypertension, angina, and chronic congestive heart disease. Potentiates the actions of digitalis and other cardiac glycosides.

Kava Kava (piper methysticum) - Sedative, analgesic, soporific, anti-convulsant, muscle relaxant, anxiolytic. Similar to the effects of benzodiazepines in treatment of anxiety. May potentiate CNS effects of barbituates, alcohol, antidepressants, antipsychotics, and general anesthetics.

Licorice Root (glycyrrhiza glabra) - Used for gastric and duodenal ulcers, gastritis and cough/bronchitis. glycyrrhizic acid in licorice. May cause high blood pressure, hypokalemia and edema.

Ma Huang (ephedra sinica) - Used in weight loss & energy products; a natural amphetamine with powerful stimulant effects. More than 800 adverse reactions reported with the FDA. Causes hypertension, tachycardia, cardiomyopathy, and cardiac dysrhythmias.

Melatonin - A hormone secreted by the pineal gland. Regulates many other hormones that are involved in controlling circadian rhythm. Used for jet lag, insomnia, and SAD (seasonal affective disorder). May potentiate CNS effects of barbiturates and general anesthetics.

Red Clover (trifolium pratense) - Used to relieve menopausal symptoms. Active constituent includes Coumadin derivatives, which may potentiate existing anticoagulant medications.

St. John's Wort (hypericum perforatum) - Herb used as mild anti-depressant, sedative, anxiolytic. May have a monoamine oxidase (MOA) inhibitory effect. Can interact with MAO inhibitors and other anti-depressants. May other drug interactions reported.

Valerian (valeriana officinalis) - Used as a sedative, hypnotic, and anti-spasmodic in the GI tract. Relieves anxiety, nervousness and insomnia. May increase effects of sedative hypnotics.

Vitamin E - Important fat-soluble vitamin that acts as an antioxidant and prevents the oxidation of polyunsaturated fatty acids. Used in the prevention and treatment of cardiovascular disease, cancer, age-related degenerative diseases. Anti-clotting benefits can prolong bleeding time.

Yohimbe (corynanthe yohimbe) - “Natural Viagra®” that has MAO effects. Yohimbine is the agent extracted from the bark of the yohimbe tree. The tree grows in African nations of Cameroon, Gabon, & Zaire. Purported to have both psychological and physical effects. Increases the potency of anesthetics.