

PERIODONTAL EVALUATION

Form #0350

Size: 8 1/2" x 11", single-sided
 Ply: 1
 Sheets/Pkg: 250

Space to record clinical indicators, complete instructions.

Periodontal Evaluation (per lot)		500	1000	2000
0350	Periodontal Evaluation	55.00	95.00	139.00

PATIENT CONSENT

Form #039A (English) Form #039B (Spanish)

Size: 8 1/2" x 14", double-sided
 Ply: 1
 Sheets/Pad: 100

Documents patient's knowledge of dental diagnoses, prognosis and available alternative treatments.
 Records patient's acceptance or rejection of planned treatment.
 Available in English and Spanish.

Patient Consent (per lot)		500	1000	2000
039A	English	55.00	95.00	139.00
039B	Spanish	55.00	95.00	139.00

PATIENT CHART

Form #045A Form #045G

Size: 11" x 11", double-sided
 Ply: 1
 Sheets/Pkg: 250

Documents patient's personal information, medical and dental history, and treatment plans and progress.

Patient Chart (per lot)		500	1000	2000
045A	Patient Chart	55.00	95.00	159.00
045G	Patient Chart Contd.	55.00	95.00	159.00

LABELS

Form #D1785

Form #D1788

Size: Approx. 2"

Sticker/ Roll:200

Brightly colored; peel-and-stick.



Roll of 200 Stickers (per roll)		2-4	6-10	12-25
D1785	Allergic Labels	12.85	12.25	11.65
D1785	Medical Alert Labels	12.85	12.25	11.65

POST-OP INSTRUCTIONS

Form #0288

Size: 8 1/2" x 11", double-sided

Ply: 1

Sheets/Pkg:100

Complete post-operation instructions. English on front, Spanish on back.

Post-op Instructions	500	1000	2000
0288 Post-Op Instructions	35.00	55.00	95.00

ORAL SURGERY - POST OPERATIVE INSTRUCTIONS

Office Phone Number: () _____ - _____ Doctor's Name: _____
 Emergency Phone Number: () _____ - _____ Name: _____

• Following surgery a gauze pad should be folded and placed over the extraction site for at least 30 minutes and

ORAL SURGERY - POST OPERATIVE INSTRUCTIONS

Office Phone Number: () _____ - _____ Doctor's Name: _____
 Emergency Phone Number: () _____ - _____ Name: _____

- Following surgery a **gauze** pad should be folded and placed over the extraction site for at least **30 minutes** and continued until the bleeding stops.
If bleeding is not controlled with the gauze, take a regular tea bag and place it in boiling water. Let the bag cool, then squeeze it out and place it over the bleeding area. Bite on it gently. After a few minutes, rinse it out in warm water, squeeze to remove excess water, then replace it over the bleeding area.
- **DO NOT RINSE OR SPIT** for the first 24 hours. This allows for proper blood clotting to occur, which is necessary in the healing process.
- Slight oozing of blood is normal for a day or two after oral surgery.
If bleeding is heavy, please call our office.
Wipe blood and saliva from the lips with a tissue.

• Post-bleeding:
Apply an ice pack to the area of the face where surgery was performed. This should be done in cycles of 20 minutes on, followed by 20 minutes off, while awake, during the first 24 hours following surgery. Protect the skin with vaseline or a thin towel.

- Brushing your teeth is important, and should be done cautiously. It can be done later the day of surgery or you can wait until the next day.
- Rinsing gently with warm salt water (1/2 teaspoon per glass). Start approximately 24 hours after surgery. If this causes moderate bleeding, use gauze and wait several hours before rinsing again.
- **DO NOT RINSE OR SPIT THE DAY OF THE SURGERY, BUT WE RECOMMEND DRINKING FLUIDS.**

• **KEEP YOUR FOLLOW-UP APPOINTMENTS.** Even if you are feeling good, we need to make sure you are healing properly.

Form 088 Rev. 10/05
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PATIENT INFORMATION

Form #040A

Form #040B

Size: 8 1/2" x 11", single-sided

Ply: 1

Sheets/Pad:100

Documents patient's information, responsible party's information, primary and secondary insurance information, and personal references. English on front, Spanish on back versions available.

Patient Information	500	1000	2000
040A Patient Info—English	35.00	55.00	95.00
040B Patient Info—Spanish	35.00	55.00	95.00

Patient Information Sheet

Chart # _____ Office Location _____ Date _____

PATIENT

Patient Information Sheet

Chart # _____ Office Location _____ Date _____

PATIENT

Last Name: _____ First Name: _____ Int. _____
 Home Phone Number: () _____ Apt # _____
 Home Address: _____ State: _____ Zip: _____
 City: _____ DL # _____ Date of Birth: _____ Sex: (M) (F)
 Social Security #: _____
 How did you hear about us? _____

RESPONSIBLE PARTY

Last Name: _____ First Name: _____ Int. _____
 Home Address: _____ State: _____ Zip: _____ Home Phone Number: () _____ Apt # _____
 City: _____ DL # _____
 Social Security #: _____
 Employer: _____ Position: _____ How Long: _____
 Work Address: _____
 City: _____ State: _____ Zip: _____
 Work Phone Number: () _____ Ext. _____
 Insurance Carrier: _____

Employment Verified By: _____ Approved By: _____ Date: _____
 Form 040A Rev. 04/04 ©2004 United Products, Inc. 040A/040B/111

HEALTH HISTORY / HISTORIA DE SALUD
 DATE / FECHA _____ Facility _____ Chart # _____ (LABEL)
 AGE / EDAD _____ SEX / SEXO M / F Patient Name _____
 HEIGHT / ESTATURA _____ WEIGHT / PESO LBS. _____
 In case of an emergency, contact (person) _____ phone # () _____
 En caso de emergencia, contactar a (persona) _____ Número de teléfono: () _____
 INSTRUCCIONES: Conteste todas las preguntas y llene los espacios en blanco cuando sea necesario. Las respuestas a nuestras preguntas son únicamente para nuestros archivos, y se consideran estrictamente confidenciales.

HEALTH HISTORY / HISTORIA DE SALUD
 DATE / FECHA _____ Facility _____ Chart # _____ (LABEL)
 AGE / EDAD _____ SEX / SEXO M / F Patient Name _____
 HEIGHT / ESTATURA _____ WEIGHT / PESO LBS. _____
 In case of an emergency, contact (person) _____ phone # () _____
 En caso de emergencia, contactar a (persona) _____ Número de teléfono: () _____
INSTRUCCIONES: Answer all questions and fill in the blank spaces when indicated. Answers to the following questions are for our records only and will be kept confidential.
INSTRUCCIONES: Conteste todas las preguntas y llene los espacios en blanco cuando sea necesario. Las respuestas a nuestras preguntas son únicamente para nuestros archivos, y se consideran estrictamente confidenciales.

Why are you here today? _____
 ¿Por qué está aquí ahora? _____
 When was your last visit to a dental office? _____
 ¿Cuándo fue su última visita al dentista? _____
 When were your last dental x-rays taken? _____
 ¿Cuándo le tomaron las últimas radiografías dentales? _____
 Are those x-rays available? Yes No
 ¿Están disponibles sus radiografías? Sí No
 If YES please write down PRIOR DENTIST'S NAME and PHONE NUMBER. _____
 Si es así, escriba el nombre del Dentista Anterior y el número de teléfono. _____

1. Are you in poor health? _____ 1. Está mal de salud _____
 2. Has there been any change in your general health within the past year _____ 2. Ha cambiado su salud durante el último año _____
 3. My last physical was on _____ 3. Mi último examen médico fue en _____
 4. Are you currently under the care of a physician? _____ 4. Está ahora bajo atención médica _____

Yes / SI No

HEALTH QUESTIONNAIRE

Form #041

Size: 8 1/2" x 11", double-sided

Ply: 1

Sheets/Pad: 100

Documents patient's complete health history. Questions are in English and Spanish.

Health Questionnaire	500	1000	2000
041 Health Questionnaire	35.00	55.00	95.00

INSTRUCTION SHEETS

Forms #950A through #950G

Size: 8 1/2" x 11", single-sided

Ply: 1

Sheets/Pkg: 100

Informs patient of proper techniques for post-treatment care.

Instruction Sheets	500	1000	2000
950A Proper Brushing—Eng.	65.00	115.00	195.00
950B Proper Brushing—Spa.	65.00	115.00	195.00
950C Peridontal Disease	65.00	115.00	195.00
950D Removable Dentures	65.00	115.00	195.00
950E Root Canal Trtmt	65.00	115.00	195.00
950F Fixed Bridges	65.00	115.00	195.00
950G Crown or Caps	65.00	115.00	195.00

CROWNS OR CAPS

A crown may be recommended for a tooth that has been weakened by decay, fracture or failure of a large, previous restoration. The advantages of a crown are derived from its more desirable physical properties. A crown can provide the strength necessary to withstand chewing forces. A crown can return the tooth to its original and more natural size and shape.

The construction of a crown is very precise and generally requires at least two visits.

During the first visit, the damaged tooth is prepared to accept the crown. An impression is taken and a temporary crown is put in place. At the second visit, the temporary crown is removed. The permanent crown is then cemented onto the prepared tooth.

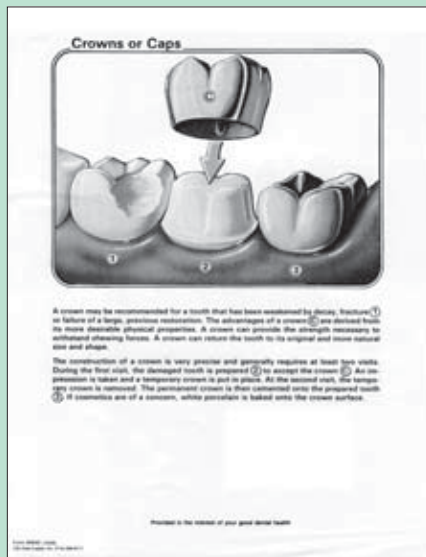
If cosmetics are of concern white porcelain is baked onto the crown surface.



Provided in the interest of your good dental health by Western Dental Plan.

Form 950G (1/97)
 City Data Supply, Inc. (714) 958-1111

IMPRINT HERE



CALIFORNIA PRESCRIPTION PADS

Form #RX3-8 through #RX3-40

Size: 5 1/2" x 4 1/4", single-sided

Ply: 2

Sheets/Pad: 100

Economical; 3 drugs per form; convenient copy for office records. Compliant with State regulations; imprinted with office and dentist's information.

*RX3 sold in 8 pad increments

RX Pads (Qty.)	2 Pt. 100
RX8	29.95
RX16	20.95
RX24	16.75
RX40	14.45

NO. 00001

Patient Name _____ Phone No. _____
 Address _____
 Age _____ Gender _____

1) QUANTITY 1-24 25-49
 50-74 75-100 101-150
 151& OVER Units
 Do not substitute Refills 0-1-2-3-4-PRN

2) QUANTITY 1-24 25-49
 50-74 75-100 101-150
 151& OVER Units
 Do not substitute Refills 0-1-2-3-4-PRN

3) QUANTITY 1-24 25-49
 50-74 75-100 101-150
 151& OVER Units
 Do not substitute Refills 0-1-2-3-4-PRN

Circle No. of Drugs Prescribed: 1 2 3 (Prescription Void if not Circled) No Refills allowed for Schedule I
 LABEL IN SPANISH

Rx DATE _____

COLORING BOOKS

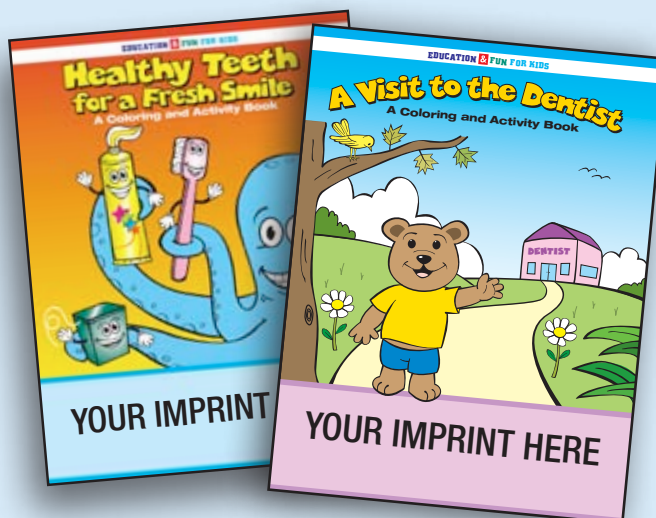
Forms #CB-701 & CB-702

Size: 8" x 10.5"

Pages: 18

Fun and educational. Promotes good dental hygiene and regular check-ups.

Coloring Books (per each)		500	1000	2500
CB-701	Healthy Teeth	.58	.48	.44
CB-702	A Visit to the Dentist	.58	.48	.44



CRAYONS

Form #CR-101

Crayons/Pkg: 4

Premium grade, non-toxic primary colors.

Crayons (per pack)		500	1000	2500
CR-101	Crayons (4/pack)	.33	.32	.30



STICKERS

Form #S-101

Size: Approx. 2"

Sticker/ Roll: 200

Brightly colored; peel-and-stick.

Roll of 200 Stickers (per roll)		2-4	6-10	12-25
S-101	Brushing Stickers	12.85	12.25	11.65





Corporate Office

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