SmileDynamics

WELCOME PACK

02 9489 0650 • 44a Hampden Ave, East Wahroonga, NSW 2076 • smiledynamics.com.au

WELCOME TO SMILE DYNAMICS

We are delighted that you have chosen our practice and we welcome you to our family. To ensure optimal convenience, our practice is located on the ground floor with ample all day parking available and easy wheelchair access.

You can expect from us

- An exceptional level of professional skill and service, from reception right through to diagnosis and treatment.
- Comprehensive diagnosis and explanation of our findings.
- The development of treatment alternatives and an explanation of costs and benefits of each, so you and your family can make an informed decision in selecting treatment that is most appropriate to your individual needs and dental goals.
- Active participation in continuing professional and personal development for the whole team.
- Safe surroundings, including stringent compliance with infection control standards.
- We schedule our appointments carefully to minimise wait times. Your time is very valuable to us and we will always treat it with respect.
- We will always be upfront about our prices and will ensure you know the cost of proposed treatment prior to proceeding.

Your First Visit

Our main priority is for you to feel comfortable and safe throughout your visit with us, and we recognise that taking the time to get to know you is the first step to creating a strong doctor-patient relationship built on mutual trust.

Generally we spend the first visit discussing your dental expectations, experiences and needs as well as completing a thorough dental examination. We will usually take diagnostic x-ray films at your first visit to assist us in evaluating any decay, bone loss, and soft and hard tissue lesions that may be hiding underneath the gums.

It is our role to provide you with relevant information so that you can understand your dental condition and expected results, thus enabling you to make informed choices regarding your health.

Our commitment to you

At Smile Dynamics we are dedicated to making your experience with us as pleasant and smooth as possible. We believe in gentle dental care, especially for those who are afraid of the dentist. We aim to help all our patients, big and small, achieve the smile of their dreams from simple dental health check-ups to more complicated full mouth restorations. Whatever your dental needs, we are here to help you.

If there are any questions you might have before your reserved time with us, **please don't hesitate to call us on 02 9489 0650.**

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A Warm Welcome to Our Practice!

Please fill in the following completely.
It contains information that will assist us in providing the very best dental treatment for you.
We respect your privacy and all information will be handled with complete confidentiality.

SURNAME Mr. Mrs. Ms. : _____

FIRST NAME : _____

DATE OF BIRTH : ____ /_____ / _____

OCCUPATION : _____

HOME ADDRESS : _____

_____

BUSINESS ADDRESS : _____

_____

TELEPHONE HOME : _____

TELEPHONE WORK : _____

MOBILE PHONE : _____

FAX NUMBER : _____ _____

EMAIL ADDRESS : _____

YOUR DOCTOR : _____ PHONE : _____

ARE YOU SEEING ANY OTHER SPECIALISTS? (EG PHYSIOTHERAPIST, OSTEOPATH, ENT) : _____

_____

PHONE : _____

NAME OF YOUR HEALTH FUND FOR DENTAL INSURANCE : _____

_____

WHO CAN WE THANK FOR REFERRING YOU TO US? : _____

_____

MEDICAL HISTORY

1. Are you taking and drugs or medicines? : _____

_____

2. Are you allergic to anything, eg antibiotics, medicines etc.? : _____
3. If pregnant, please state how many months? : _____
4. Have you ever had prolonged bleeding or any problems with tooth extractions? : _____

_____

5. Do you smoke? Yes / No. If yes, how many a day? : _____

Please place a tick in the space below if you have had any of the following:

1. Rheumatic fever or valvular diseases of heart	☐	Please give details : _____
2. Open heart surgery &/or prosthetic heart valve	☐	_____
3. Infectious endocarditis (or bacterial endocarditis)	☐	_____
4. Heart disease, heart surgery or bypass surgery	☐	_____
5. High or low blood pressure	☐	_____
6. Stroke (CVA)	☐	_____
7. Asthma	☐	_____
8. Any other allergic disorder	☐	_____
9. Sinusitis or hayfever	☐	_____
10. Progressive neurological illness	☐	_____
11. Hepatitis (A,B, C or any viral hepatitis)	☐	_____
12.HIV or AIDS	☐	_____
13. Thyroid disease	☐	_____
14. Chemotherapy or radiation to head or neck	☐	_____
15. Arthritis	☐	_____
16. Diabetes	☐	_____
17. Fits or epilepsy	☐	_____
18. Kidney disease	☐	_____
19. Muscle diseases or wasting disease	☐	_____
20. Depression or other psychic condition	☐	_____
21. Osteoporosis	☐	_____
22. Joint replacement surgery? (e.g) Hip, shoulder, knee etc	☐	_____

DENTAL

1. What is the purpose of your visit today? : _____
2. Are you completely satisfied with the appearance of your teeth and smile? : _____
3. What would you like to change about your teeth or smile? : _____
4. Do you grind or clench your teeth? : _____
5. Do you suffer from headaches? : _____
6. Do your gums bleed when you brush or floss? : _____
7. How long since your last dental appointment? : _____

Signature : _____ Name : _____

Date : ____ /____ /____

SmileDynamics

Where to find us

Phone: 02 9489 0650

Fax: 02 9489 9655

Address: 44a Hampden Ave
East Wahroonga
NSW 2076

We are proud to be conveniently located on the ground floor of Hampden Ave in East Wahroonga with ample parking available and easy wheelchair access.

Opening Hours:

For your convenience, we offer extended opening hours as follows:

Monday	8:00am – 6:00pm
Tuesday	8:00am – 6:00pm
Wednesday	8:00am – 6:00pm
Thursday	8:00am – 6:00pm
Friday	8:00am – 6:00pm
Saturday	8:00am – 12:00pm