Snug DENTAL

Date (mm/dd/yyyy) _____

Personal Information

Patient's Name □ Male □ Female		*Preferred Name*	*Date of Birth* *Age*
Street Address	*City*	*State*	*Zip*

Father's Name		*Social Security Number*	*Date of Birth*
Street Address (□ Check if same as child)	*City*	*State*	*Zip*
Employer		*Email*	
Home Phone	*Business Phone*	*Cell Phone*	
Mother's Name		*Social Security Number*	*Date of Birth*
Street Address (□ Check if same as child)	*City*	*State*	*Zip*
Employer		*Email*	
Home Phone	*Business Phone*	*Cell Phone*	

Insurance Information

Primary *Dental Insurance is Held by* □ Father □ Mother □ Other		*Dental Insurance Company*	
Insurance Company Address	*City*	*State*	*Zip*
* *Employer*	* *Employee*	* *Date of Birth*	
* *Policy Number*	* *Group Number*		
Person Responsible for Account			
Whom may we thank for referring you to our office			

Secondary *Dental Insurance is Held by* □ Father □ Mother □ Other		*Dental Insurance Company*	
Insurance Company Address	*City*	*State*	*Zip*
* *Employer*	* *Employee*	* *Date of Birth*	
* *Policy Number*	* *Group Number*		
Person Responsible for Account			

I, being the parent or guardian of the patient, do hereby authorize and request the performance of dental services for this patient. I certify that I have read and understand all information required on this form. I acknowledge that my questions, if any, have been answered to my satisfaction. By providing the contact information above, I am consenting to receiving electronic communications from Snug Dental Center about appointments and treatment. These communications may include voicemail, text, and/or email. You may request to opt out at any time but contacting our office.

_____ _____ _____

Signature of Parent / Guardian Relationship Date

Snug DENTAL

**** This information is that which we are required by the government to obtain from you to file insurance ****

Have you (the parent/guardian) or the patient had any of the following diseases or problems? ……..… ☐ Yes ☐ No

☐ Active Tuberculosis ☐ Persistent cough greater than 3 week duration ☐ Cough that produces blood

If you answer YES to any of the three items above, please stop and return this form to the receptionist

Has the child had any history of, or conditions related to any of the following:

☐ ADD / ADHD	☐ Autism	☐ Growth Problems	☐ Jaundice	☐ SBE Pre-medication
☐ Allergy – Latex	☐ Bleeding Disorder	☐ Head Injuries	☐ Kidney	☐ Sickle Cell
☐ Allergy – Penicillin	☐ Cancer	☐ Heart	☐ Liver	☐ Sinus Problems
☐ Allergy – Sulfa	☐ Cerebral Palsy	☐ Heart Murmur	☐ Mental Disorder ☐	☐ Stomach problems
☐ Allergy - Other	☐ Cleft Lip / Palate	☐ Hepatitis	☐ Nervous Disorder	☐ Tuberculosis
☐ Anemia	☐ Diabetes	☐ High Blood Pressure	☐ Pregnancy	☐ Tumors
☐ Artificial Joints	☐ Downs Syndrome	☐ HIV+ / AIDS	☐ Respiratory Problems	☐ Ulcers
☐ Asthma	☐ Epilepsy / Seizures	☐ Hydrocephaly	☐ Rheumatic Fever	☐ Other Condition

Please list the name and phone number of the child's physician:

Name of Physician _____ Office name: _____ Phone: _____

Child's History

	YES	NO
● Is the child taking any medications at this time? (if Yes, please list below) ……....	☐	☐
● Is the child allergic to any foods or medications? ……..	☐	☐
● Has the child ever had a serious illness or hospitalization? (if Yes, list details below)……..……..	☐	☐
● Has the child had any surgeries in the past? (if Yes, list details below)……..……..	☐	☐
● Does the child have any learning and / or speech problems? ... ……..…… .	☐	☐
● Has the child suffered any past injuries to the head, mouth, or teeth? ……..……..…….. .	☐	☐
● Is the child currently experiencing dental pain or discomfort? ……..……..……..	☐	☐
● Does the child suck a finger, thumb, or pacifier? ……..……..……..	☐	☐
● How many times per day does the child brush their teeth? _____ Who does the majority of the brushing? _____		
● Does the child use fluoride toothpaste? ……..……	☐	☐

● What was the date of the last dental visit? …… _____ / _____ / _____

● What services were performed at the last dental visit?

☐ Examination ☐ Fillings ☐ Cleaning & Fluoride ☐ Extractions ☐ Uncooperative for treatment

● What does the child mostly drink?

☐ City Water ☐ Well Water ☐ Filtered / Bottled Water ☐ Juice ☐ Milk ☐ Soda

● List details of prior hospitalizations or surgeries?

_____

_____

● List Medications:

_____

_____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of parent/legal guardian: _____ Date: _____

Print name of parent/legal guardian: _____Date: _____

Patient Name: _____

Date of Birth: _____

Snug Dental Center Cancellation & No-Show Policy

At Snug Dental Center, we are committed to providing exceptional care to all of our patients. In order to best serve families and ensure every child receives timely treatment, we have the following policy regarding missed or canceled surgery appointments:

Surgery Appointment Policy

- Due to the high demand and limited availability for surgery appointments, we require at least **48 hours notice** if you need to cancel or reschedule.
- **Two (2) missed or late-canceled surgery appointments** (without proper notice) will result in your child no longer being eligible to schedule surgery at our office.
- A **missed appointment** is defined as:
    - Not showing up for a scheduled surgery appointment.
    - Canceling or rescheduling with **less than 48 hours' notice**.

Why This Policy Is Important

Surgery appointments require a dedicated team, operating room, and anesthesia provider. When an appointment is missed, these valuable resources cannot be used to help another child in need of care.

Acknowledgment

By scheduling a surgery appointment at Snug Dental Center, you acknowledge and agree to follow this policy. Our team will review this policy with you when scheduling surgery and provide reminders prior to your child's appointment.

Parent/Guardian Name: _____ Relationship to patient: _____

Signature: _____ Date: _____

Surgery Day Expectations & Acknowledgment

Dear Parent/Guardian,

We want your child's surgery day to be as smooth, comfortable, and stress-free as possible. Because procedures under general anesthesia are often complex and unpredictable, we ask for your patience and understanding with the following important points:

🕐 1. Scheduled Arrival Time vs. Surgery Start Time

- The **arrival time** we provide is the time we need you to **check in, complete any final paperwork, and prepare your child for surgery.**
- **This is *not* the exact time surgery will begin.** Surgery start times can vary based on many factors, including the length and complexity of earlier cases.

⏱️ 2. Why Delays Can Happen

- Each child's needs are different, and procedures sometimes take **more or less time than anticipated.**
- Emergencies or unexpected findings during a procedure may also extend surgery times.
- Our top priority is always the **safety and well-being of every child**, and that means we will never rush care to stay on schedule.

💛 3. What You Can Expect

- We will keep you **updated throughout the day** if there are significant changes to the estimated start time.
- Please plan for the possibility of being here for **a few hours**, even if your appointment is earlier in the day.
- Bringing entertainment or comfort items can help make the wait easier for both you and your child. **No food or drink items** are allowed in the wait area.

🤝 4. Our Commitment

- We understand that surgery days require time and flexibility on your part. In return, you can trust that we will give your child the **same level of careful, attentive care** that every family deserves.

PRE-OPERATIVE INSTRUCTIONS FOR DENTAL SURGERY
UNDER GENERAL ANESTHESIA

Dear Parent or Guardian,

Your child is scheduled to undergo dental treatment under general anesthesia. Please carefully read and follow these instructions to ensure a safe and successful procedure.

🕒 1. Arrival and Scheduling

- **Complete all patient forms** prior to your child's surgery day. If you are running late, please call the office to let us know.
- Allow a full day for the appointment; plan to miss school the day of surgery and no daycare after. If your child goes to school, the surgery will be cancelled.

🥤 2. Eating & Drinking Guidelines

- To reduce the risk of vomiting and aspiration during anesthesia, DO NOT eat or drink anything after **MIDNIGHT** the night before your surgery unless otherwise instructed by the anesthesiologist.
- **DO NOT** give milk, formula, or any food (including gum, candy, or breast milk) after the fasting cut-off times.
- If your child eats or drinks after the allowed time, **the surgery will be cancelled**.
- We will call you 2 days before your surgery to instruct you on what time to stop eating and drinking. We **must** be able to reach you prior to your surgery, otherwise, your surgery will be cancelled.

💊 3. Medications

- Continue **daily medications** unless instructed otherwise by the doctor or anesthesiologist. Medications should be taken first thing in the morning with only a small sip of water.
- If your child has asthma, please give breathing/nebulizer treatment at bedtime on the day before the procedure and 1 hour before your appointment. Please bring the asthma medication with you on the day of your surgery.

👕 4. Clothing & Personal Items

- Dress your child in **loose, comfortable clothing** with short sleeves.
- Please bring an **extra set of clothes** as general anesthesia can sometimes cause children to wet themselves if there is urine in their bladder.
- Bring a **blanket, favorite toy or comfort item** if desired.

🤒 5. Illness or Health Changes

Contact our office immediately if your child develops:

- **Fever**
- **Cough, cold, or congestion**
- **Rash or signs of infection**
- **Exposure to COVID-19, flu, or other contagious illness**

DO NOT bring your child in for surgery if they are sick. It may be unsafe to proceed.

👨‍👩‍👧 6. Parental Presence

- A **parent or legal guardian must remain on site** throughout the entire procedure. Be prepared to be at the office for 2-4 hours as surgery is unpredictable and can run longer than expected.
- Legal guardians must bring **proof of guardianship or custody documentation**.

🚗 7. Transportation

- Your child **will not be allowed to leave alone or by public transportation.**
- A responsible adult must drive your child home and monitor them closely for the next **24 hours**.
- All children should be in a car seat or if old enough should wear a seatbelt and be sitting in an upright position on their way home.

📞 8. Questions or Cancellations

- If you have any questions, or need to reschedule, please call us at: **(408) 708-7315**

Your child's safety is our top priority. Thank you for your attention and cooperation.

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Snug Dental Center

Caring for Little Smiles with Comfort & Expertise 🧸