



WELCOME TO YOUR NEW DENTAL HOME! PLEASE FILL OUT ALL THESE BORING FORMS, AND THEN PREPARE TO RELAX AND ENJOY A VISIT AT A DENTAL PRACTICE... I KNOW, RIGHT?!

LAST NAME FIRST NAME

PREFERRED NAME BIRTH DATE DRIVERS LICENSE # SOCIAL SECURITY #

EMPLOYER JOB TITLE

CELL PHONE WORK PHONE EMAIL ADDRESS

ADDRESS CITY STATE ZIP

EMERGENCY NAME EMERGENCY PHONE

If you're here as a dental client, do you have private dental benefits or are you joining our Vital Care plan? Or are we making other arrangements

DENTAL INSURANCE

VITAL CARE PLAN

OTHER: \_\_\_\_\_

May we text you through our system to confirm appointments and to discuss your care?

YES, PLEASE USE: \_\_\_\_\_

NO, PLEASE CONTACT ME VIA: \_\_\_\_\_

What type of refreshment(s) do you prefer?  COFFEE  TEA  WINE  BEER  WATER  OTHER: \_\_\_\_\_

How can we make your visit more comfortable?  BLANKET  PILLOW  HEADPHONES  OTHER: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please let us know anything else that would help us serve you better: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Don't give up yet! There's more :)*



# YEAH, WE REALLY DO NEED TO KNOW ALL THIS STUFF...

Have you had any medical care within the past two years?  YES  NO

If yes, please tell us about it: \_\_\_\_\_

Have you taken any medication or drugs during the past two years?  YES  NO

If yes, please tell us (names) and (doses): \_\_\_\_\_

Are you currently taking any medication(s), including pills, drugs, herbals, regular aspirin and/or vitamins?  YES  NO

If yes, please list name(s) and dosage(s): \_\_\_\_\_

Have you taken the bone loss drug(s) Fosamax, Actonel, Boniva, or any other biophosphonates?  YES  NO

Have you ever been prescribed pre-medication before undergoing any dental treatment?  YES  NO

Are you now or have you in the past been a habitual tobacco cigarette or chew user?  YES  NO

If yes, please tell us more: \_\_\_\_\_

Have you been a patient in a hospital at any time in the past five years?

If yes, please tell us more: \_\_\_\_\_

## PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

- heart problems  YES  NO
- chest pain  YES  NO
- congenital heart disease  YES  NO
- heart murmur  YES  NO
- high or low blood pressure  YES  NO
- mitral valve prolapse  YES  NO
- artificial heart valve/pacemaker  YES  NO
- rheumatic fever  YES  NO
- arthritis or rheumatism  YES  NO
- cortisone medicine  YES  NO
- swollen ankles  YES  NO
- stroke  YES  NO
- ulcers  YES  NO
- kidney trouble  YES  NO
- fibromyalgia  YES  NO
- joint replacement  YES  NO

if yes, what joint? \_\_\_\_\_  
and when? \_\_\_\_\_

- glaucoma  YES  NO
- diabetes type 1  YES  NO
- diabetes type 2  YES  NO
- thyroid problems  YES  NO
- cold sores/fever blisters  YES  NO
- sexually transmitted disease(s)  YES  NO
- AIDs/HIV positive  YES  NO
- hepatitis A, B, or C  YES  NO
- liver disease/jaundice  YES  NO
- sickle cell anemia  YES  NO
- hemophilia  YES  NO
- tuberculosis  YES  NO
- asthma  YES  NO
- chronic cough  YES  NO
- tobacco/marijuana use  YES  NO
- emphysema  YES  NO
- sinus trouble  YES  NO
- allergies, hay fever, hives, etc.  YES  NO

- GERD/gastric reflux  YES  NO
- tumors  YES  NO
- cancer  YES  NO
- chemotherapy  YES  NO
- radiation therapy  YES  NO
- epilepsy or seizures  YES  NO
- neurological disorder  YES  NO
- fainting or dizzy spells  YES  NO
- anxiety  YES  NO
- depression  YES  NO
- under the care of a mental health professional  YES  NO
- medication allergies  YES  NO

if yes, please tell us: \_\_\_\_\_

For women, are you currently pregnant?  YES  NO

if yes, what is your estimated due date? \_\_\_\_\_

IS THERE ANYTHING ELSE WE SHOULD KNOW IN ORDER TO BETTER SERVE YOU?

\_\_\_\_\_  
\_\_\_\_\_

NAME	DATE	<i>medical history</i>
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Tell us about why you're visiting Smiles4Oregon today? \_\_\_\_\_

Are you presently in pain?  YES  NO *If yes, please tell us more:* \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_ last cleaning? \_\_\_\_\_ last full mouth x-rays? \_\_\_\_\_

What was done at your last dental visit? \_\_\_\_\_

How often do you have dental exams? \_\_\_\_\_ brush? \_\_\_\_\_ floss? \_\_\_\_\_

What other dental aids do you use? (interplak, toothpick, etc.) \_\_\_\_\_

Are you adverse to the use of fluoride?  YES  NO Are you happy with your teeth, gums and smile?  YES  NO

Would you like to replace any silver fillings?  YES  NO *If no, please tell us more:* \_\_\_\_\_

Would you like to keep all of your teeth for life?  YES  NO \_\_\_\_\_

ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING:

- sweet or hot/cold sensitivity  YES  NO
- biting or chewing sensitivity  YES  NO
- gums that bleed or hurt  YES  NO
- mouth odors or a bad taste  YES  NO
- food consistently caught in teeth  YES  NO
- cold sores, blisters or other oral lesions  YES  NO

HAVE YOU PREVIOUSLY EXPERIENCED OR HAD ANY OF THE FOLLOWING:

- periodontal treatment (deep cleaning)  YES  NO
- gum (periodontal) surgery  YES  NO
- parents with gum disease or tooth loss  YES  NO
- orthodontic treatment  YES  NO
- extraction of wisdom teeth  YES  NO
- extraction of teeth other than wisdom teeth  YES  NO
- your bite adjusted or teeth ground down  YES  NO
- a bite plate or mouth guard  YES  NO

DO YOU EVER FIND YOURSELF DOING OR EXPERIENCING THE FOLLOWING:

- biting your lips and/or cheeks  YES  NO
- breaking your teeth or your restorative dentistry  YES  NO
- tired jaws, especially in the morning  YES  NO
- clenching or grinding your teeth, awake or asleep  YES  NO
- clicking or popping when opening your jaw(s)  YES  NO
- pain in your jaw joint, ear, temples, side of face  YES  NO
- difficulty opening and/or closing your mouth  YES  NO
- difficulty chewing on either side of your mouth  YES  NO
- chronic headaches, neckaches or shoulder aches  YES  NO
- sore muscles in your temples, shoulders, neck, etc.  YES  NO
- snoring or waking gasping for breath  YES  NO
- waking frequently at night  YES  NO
- tossing/turning at night  YES  NO
- insomnia and/or using sleep medication  YES  NO
- waking up exhausted  YES  NO
- daily exhaustion  YES  NO
- unexplained weight gain or retention  YES  NO
- a serious injury to your mouth or head  YES  NO

*if yes, please tell us about it:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMAGINE THAT: ENJOYING YOUR VISIT.

We know that the majority of folks would rather do anything than visit a dental practice and that dental anxiety is the norm, and well deserved. We're here to fix that for you.

- Do you feel nervous about dental treatment?  YES  NO
- Have you ever had an upsetting dental experience?  YES  NO

If you do suffer from anxiety or phobia, please tell us about it:

\_\_\_\_\_  
\_\_\_\_\_

WE LOOK FORWARD TO  
KNOCKING YOUR SOCKS OFF  
AND SEEING YOU SMILE FORWARD.

NAME	DATE	<i>dental history</i>
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# PLEASE READ THE FOLLOWING:



I understand that Dr. John Sullivan and Smiles4Oregon remain free of the constraints of contracting to insurance providers in order to retain autonomy when determining the best course of treatment for myself and my dependents. I understand that Smiles4Oregon does not contract as a preferred provider with any dental benefit (insurance) company to avoid non-health related interference from insurance providers, and for my own long-term health and benefit. I understand that Smiles4Oregon is still able to and will maximize any benefits to which I am entitled on my behalf whenever possible as an out-of-network provider, and will to the fullest extent possible confirm and explain to my coverage and benefits. While every effort will be made to maximize any benefit from my dental insurance, I understand that if my insurance provider does not pay as expected I am responsible for any remaining balance.

I have had full opportunity to read and consider the contents of the Smiles4Oregon Notice of Privacy Practices (HIPAA). I understand that I am giving my permission to Smiles4Oregon to use and disclose my protected health information where necessary in order to carry out treatment, payment activities and health care operations. I also understand that I have the right to revoke my permission at any time.

I authorize Dr. John Sullivan, or designated Smiles4Oregon staff, to use and disclose any oral situations or health records that are individually identifiable as mine for the purpose of my treatment, payment, and health care operations. I understand that the minimum amount of information necessary to provide quality health care will be used or disclosed.

Should I have a dental insurance benefit plan available to myself and/or my dependents, for my convenience Smiles4Oregon may release my information to my dental insurance company in order to receive payment directly from them. Should my insurance company pay me for services provided instead of Smiles4Oregon, it is my responsibility to reimburse Smiles4Oregon immediately.

I authorize Dr. John Sullivan or designated Smiles4Oregon staff to take x-rays, study models, photographs, and other diagnostic aids as deemed appropriate by Dr. Sullivan to make thorough diagnosis of my dental needs. Upon such diagnosis, I authorize Dr. John Sullivan to provide all recommended treatment mutually agreed upon by me and to employ such assistance as required to provide proper care.

I authorize the use of anesthetics and other medication as necessary. I fully understand that using these agents embodies certain risks. I understand that I can request a list of possible complications.

I understand that dental treatment plans may sometimes change. Should such a change become necessary, I understand that Dr. Sullivan and Smiles4Oregon will inform me fully and have my approval before proceeding and that I will be responsible for any and all dental treatment that is actually provided. Any changes from our original, mutually agreed upon financial arrangements will also be discussed and agreed upon before updated treatment is rendered.

I agree to be responsible for payment of all services rendered on my behalf of myself and my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by the agreed upon dates, I understand that a 1.5% late charge (18% APR) may be added to my account.

I understand that should my account balance fall more than 60 days behind Smiles4Oregon may refer my account to a collection agency in order to resolve my balance. I understand that I will be responsible for all costs and fees associated with the collection of my outstanding balance including collection fees or attorney fees and court costs.

I understand giving my health and dental history information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed in order to ensure proper care, Smiles4Oregon and John K. Sullivan, DDS, has my permission to follow up with the appropriate parties. I will notify the doctor of any change in my health or medication.

\_\_\_\_\_  
PATIENT NAME (PRINTED)

\_\_\_\_\_  
LEGAL GUARDIAN/REPRESENTATIVE NAME (PRINTED)

\_\_\_\_\_  
PATIENT OR LEGAL GUARDIAN/REPRESENTATIVE AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

THANK  
YOU 

We totally understand. Seriously, we do. Putting your dental health first is the *last* thing you're worrying about when working on your never ending to-do list. Between the cost and anxiety surrounding any visit to a dental office to the demands of your everyday life, it's easy to understand how everything else becomes way more important.

*Finally, an affordable dental care solution so you can take your smile forward.*

But when it comes to caring for your teeth and gums - when it comes to caring for your smile for the rest of your life - an ounce of prevention is worth more like a five gallon drum of cure. Maintaining your dental health *now* can save you

and your family the chaos - and expense - of dental emergencies later.

Dr. John Sullivan and Nancy Lashley Sullivan want to make sure you feel safe enough to get the proper care and coverage you deserve, that you know what it feels like when you're part of our dental family - most importantly that if anything ever *does* happen, that you know we've got your back so you can get back to enjoying your life.

That's why we created our "Vital Care" plan: to help all our friends and neighbors in Lane County finally manage their oral systemic health, as well as those unexpected dental emergencies when they *do* arise. After all, what fun is life if you can't smile, talk, eat, or sing as you'd like? Or when you don't know where to turn or who you can trust?

If you don't have dental benefits or, like many of our clients, would actually prefer proper care over the "free" dentistry available to some through OHP, our exclusive Vital Care plan is your most comprehensive, trustworthy and affordable option. We're proud to be able to offer it to you and to formally invite you - and your family - to join our 5-star rated dental home because we believe that knowing you are safe with us and will be loved like family while in our care is as priceless as your smile.

SMILES  OREGON

## YOU DESERVE VITAL CARE

- ALL DENTAL EXAMINATIONS, EVEN FOR EMERGENCIES
- TWO REGULAR CLEANINGS OR TWO PERIO VISITS
- ALL NECESSARY X-RAYS, EVEN FOR EMERGENCIES
- ALL NECESSARY FLUORIDE AND SEALANTS
- PLUS 10% OFF ALL OTHER RESTORATIVE CARE AND IN-OFFICE, NO INTEREST PAYMENT OPTIONS SO YOU CAN STAY SAFE, STABLE AND SMILING!

ALL FOR ONLY  
**\$300**  
PER MEMBER PER YEAR

A VALUE OF AT LEAST  
THAT'S **60% OFF!** \$746

YOU WILL  
SAVE AT  
LEAST **\$446**

PLUS ALL RESTORATIVE SERVICES

**10%**

WITH THE ABILITY TO MAKE IN-OFFICE  
INTEREST FREE FINANCIAL ARRANGEMENTS  
WHEN NECESSARY FOR YOUR CARE

### SOME FUN SMILES4OREGON FACTS

WE ARE PROUD TO HAVE EARNED ONLY 5-STAR RATINGS FROM OUR PATIENTS.  
JOHN IS THE ONLY DENTIST IN OREGON WHO IS BOTH AN ACCREDITED MEMBER AND  
PAST PRESIDENT OF THE AMERICAN ACADEMY OF COSMETIC DENTISTRY.  
CAN YOU BELIEVE THAT EVEN OUR REGULAR FEES ARE MUCH LESS EXPENSIVE  
SIMPLY AND ONLY BECAUSE WE'RE IN SPRINGFIELD, NOT EUGENE? TRUE STORY.

*our dentist:*

John K. Sullivan, D.D.S.

*phone:*

541-225-4866

*website:*

Smiles4Oregon.com

*email:*

Smile@Smiles4Oregon.com

*location:*

498 Harlow Rd, Suite 1  
in beautiful Springfield

LET'S TAKE YOUR *smile forward* 

"Calling all dental apprehensives!!!! This is a place you need to go see!! I don't have enough words to describe how great these people are..."

MARTI GAITER

"From the moment I walked in the door I was treated like family... Nancy and John are both wonderful and talented."

KARA CHURCHILL

"By far the most enjoyable dentist experience I've ever had...The office is beautiful. Like I want to live in it forever beautiful."

KATHERINE SNOWDEN-WILLIAMS

"Seriously! Who loves going to their dentist office?! Well, I do!! It feels like going to the spa. Best dentist ever!!"

ALICIA LINDSEY

"Best. Dental. Experience. Ever!"

RODGER DEEVERS

"Best dentist and best experience I've ever had... Kind and caring and above all. Nancy and John listen and respect you as a person, not just a patient."

KAREN TYLER

"Loved the office and Dr. Sullivan!!! My husband is not fond of dentists *at all* and he really liked him, that speaks volumes!!!! So kind and friendly and even made these amazing cookies my daughter and I loved!!"

SARA DEANNE RANKIN

"Dr. Sullivan completely set my mind at ease. He is clearly interested in quality and appropriate care. I felt comfortable and delighted by the results!"

MEGAN BASSETT

"I had my first visit with Nancy and John today and I have to say WOW! What a great experience! I know I'm putting my mouth in good hands. I'm looking forward to my next visit."

SHARI GARIEPY

"If you have not been to Smiles4Oregon you are missing out....Dr. Sullivan is absolutely AMAZING at what he does and makes each visit feel like you're visiting your friend not the dentist. I will never see another dentist again and guarantee after your first visit you will be saying the same thing."

AREN SWANN

"...finding a good dentist was important enough to ask friends and colleagues for their referral. Smiles4Oregon kept coming up as the best. After our first appointment I have to say I understand why. From scheduling to consultation to technique I've never had a finer all around experience. Top notch quality care.... Dr. Sullivan and Nancy are a great team."

VONNIE NIX MIKKELSEN

"From the moment I called I knew from the voice on the other side of the line that this is the kind of dentist office that I wanted to go to. Dr. Sullivan is gentle and caring and really respected me as a patient who was a little nervous about dental procedures. They take the time to talk to you, to get to know you, and to just make you feel like you are the only patient that day..."

JILL STRADER

"Best dentist I have ever been to! I have always been terrified of dentists and they made all aspects of my visit comfortable! I would recommend them to anyone looking for a dentist!"

SHERI LLOYD-HEADLY

"Unlike any other dentist I've ever been to. Feels more like a visit to a spa, than to a dental practice. Plus, they specialize in a customized appliance, a mouthpiece that is as effective as the dreaded cpap, without all of the awful side effects. Finally, a good nights sleep!"

FRANK KING

## REPORT CARD

100% 5 STAR RATED



SMILES 4 OREGON



"I felt like I was in someone's home. It is incredibly decorated (oh, and the bathroom is to die for!!) There is the warm, beautiful and friendly Nancy at the front desk offering cookies and a tasty beverage of my choice. Dr. Sullivan greeted me with a smile and spoke genuinely, openly and sincerely... He's a world renowned dentist by the way! He educates dentists all over the world. I have never had a more positive dental experience in my life. I'm honestly excited to go back and get a crown replaced next week!"

LYN BURG

"I couldn't be happier... We've been treated like family from day one. I have never met a dentist that walked out to the waiting area to introduce himself and personally walk me back to the room... Kind, patient and caring throughout the entire process."

BECH ICENOGLE

"Absolutely amazing experience! I immediately was put at ease by the warm atmosphere and friendliness of Nancy. It felt as if we were in her living room having a visit. Then we saw Dr. John and he was very professional and took so much time to answer all of our questions. There was no rushing, no unnecessary treatments, everything was discussed at length, and absolutely no hidden fees! I love it here!"

BETH WASHAK

"These guys really know how to treat their patients. We are so happy to have such loving and caring professionals taking care of us. The atmosphere is warm and comforting. No worries, they are very gentle and knowledgeable. They give you a detailed plan of action at an affordable rate. They always work with you to be sure you stay healthy. They're the best!!!!"

VICKI HERLEMAN

"Another fantastic visit at Smiles4Oregon! I can't say enough how much I enjoy each visit. They are the only ones able to treat my difficult TMJ!"

ELIZABETH LIKE-RINGHAM

"Great people, great atmosphere, great service. If you're looking for a better dental experience, this is the place..."

JOSH NECKELS

"Everyone is so nice, professional, and not out to get your money. They truly have a passion for what they do and care about their patients. I strongly recommend to give them a call and see for yourself how awesome they are..."

REBECCA SYLVESTER

"Super welcoming and made my family and I completely comfortable! I highly recommend to anyone and everyone! I'll never go to a different dentist again!"

MIMI NGUYEN

"I first was led to Nancy and John by divine intervention. My story continues and will be full circle, a new lease on life brought from the hearts of these two wonderful amazing people, they are genuine and care... my life is changing with every visit, every word exchanged. I've been to nine-plus dentists in this area, none of whom were willing to help or listen... I can tell you I had lost all hope until I found Smiles4Oregon. We're not a number, we're not insignificant and Nancy and John prove it every single day. I'm so blessed to have found them. Thank you for a chance to SMILE and really feel the joy that comes from a simple smile..."

STACI SMITH

"John and Nancy are super to work with and are wonderful hosts. From the complimentary beverages and delicious organic snacks to the little goodie bag they send home with you, the whole experience couldn't have been better! Even my fiance Phillip ReGester loves it so much... John at Smiles4Oregon, is just that great."

DANI PIERZINA

"I have never felt more comfortable...The atmosphere is wonderful, calm and relaxing. They will take care of you!"

SHAUNA VERBAL RICH