

dental practice of MARIA R. SILVERA PORTACIO PhD, DDS, Inc DIPLOMATE OF THE AMERICAN BOARD OF PERIODONTOLOGY

Welcome: a message from Dr. Silvera

I am looking forward to meeting you personally. Santa Maria Periodontics provides comprehensive periodontal services including treatment of gum disease, cosmetic procedures, and dental implants.

We are committed to ensuring your comfort and successful treatment in a pleasant, state-of-the-art practice. After a thorough review of your needs, goals, and desires, I will discuss with you the diagnoses, treatment options, prognosis, fees, and estimated time required for your treatment.

A little about me: I am a graduate of the Mayo Clinic Advanced Educational Program in Periodontics and also hold a PhD in Immunology from the University of Rochester. After completing all of my education I started practicing in Arizona, then four years later I made my move to California and have been practicing on the Central Coast since 2005. I have been working in periodontics for over fifteen years. I am excited to announce my becoming a Diplomate of the American Board of Periodontology!

Enclosed are a couple of forms I will need for your first appointment and a patient page from the American Academy of Periodontology titled "Who is a Periodontist?" which describes my area of dental expertise. Please fill out the forms carefully and bring them with you on your consultation visit.

Below is a short checklist of everything you will need for your first appointment, please check off all that apply:

□ Complete	d registration	forms	(included)

- □ Referral slip from your dentist (if you were referred to our office)
- ☐ X-Rays (you may request a copy from your dentist or have them emailed to us)
- □ Dental insurance card or information (including the group number and member ID number)
- Medication list (if you are taking any medications or vitamins/supplements)
- ☐ Primary physician's contact information (if you are under a doctor's care)

Please feel free to contact our office with any inquiries that you may have. My staff and I are here to support you as a valued patient. We are committed to assisting you in maintaining healthy teeth and gums for a lifetime.

Dr. Maria Silvera

Friendly & Caring & Thorough / Amigable & Atenta & Detallista

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AAP PATIENT PAGE



Your Doctor and You

Who is a Periodontist?

Have you been told that you may have periodontal disease and need to see a periodontist? If you have, you probably thought, "What is periodontal disease and why do I need to see a periodontist to have it

treated?"

The word "periodontal" refers to the gum tissue and bone around the tooth. Periodontal diseases, also known as gum disease, is a chronic bacterial infection that affects the gums and bone supporting the teeth. Left untreated. periodontal disease is one of the primary causes of adult tooth loss. Also, research has found a relationship between periodontal disease and more serious health problems such as heart disease, diabetes, respiratory disease and preterm low birth

A periodontist is a dentist who specializes in the prevention, diagnosis and treatment of periodontal disease and in the placement of dental implants. Periodontists receive three

cosmetic periodontal procedures to help you achieve the smile you desire. During your first visit, your

periodontist will review your complete medical and dental history with you. It is very important for your periodon-

tist to know if you are

taking any medications or are being treated for any condition, as it may affect your periodontal care. Your gums will be examined to see if there is any gum line recession, and your teeth will be checked to see if any are loose and how the teeth fit together when you bite. Your periodontist will also take a small measuring instrument and place it between your teeth and gums to determine the depth of spaces known as periodontal pockets. X-rays may also be taken to observe the health of the bone below your gums. If treatment is needed, a periodontist will discuss a

additional years of education beyond dental school in this specialty. Periodontists are familiar with the latest techniques for diagnosing and treating periodontal disease and they can also perform

For more information visit www.perio.org

weight babies. When Should I see a Periodontist?

Anytime is a good time to see a periodontist for a periodontal evaluation!

Sometimes the only way to detect . periodontal disease is through a periodontal evaluation. If you notice any symptoms, a periodontal evaluation may be especially important for you!

Common symptoms of periodontal disease include:

- Loose or separating teeth.
- Red, swollen or tender gums.

- · Gums that bleed easily, such as during brushing and flossing.
- · Gums that have pulled away from the teeth.
- Pus between the teeth and gums.
- A change in the way your teeth fit together when you bite.
- Persistent bad breath.

In addition to your periodontal evaluation, when you visit your periodontist, they will conduct a comprehensive risk assessment.

There are many risk factors that may increase your chances of having periodontal disease such as tobacco use, diabetes, and genetics. If you have any of these risk factors or symptoms, you may want to visit a periodontist. To find a periodontist in your area, visit www.perio.org for an online referral.

treatment plan with you. @

The American Academy of Periodontology Patient Page is a public service of the AAP and should not be used as a substitute for the care and advice of your personal periodontist. There may be variations in treatment that your periodontist will recommend based on individual facts and circumstances. Call 1-800-FLOSS-EM for a free brochure on periodontal disease.



First Name:		_ Last Name:				_ Middle Initia	ai:
Patient is: Policy Holder Responsible Party		Preferred Nam	ie:				
Responsible Party (if someone other than the	- nationt)						
		Last Name				Middle Inita	l:
Name:							
Address:							
City:							
Home Phone:	Work Phone: _			Ext:		Cellular:	*
Birth Date: Age:		Social Security:			Drivers Lic:		
Responsible Party is also Policy Holder for P	Patient	Primary Insurance Policy Holder		Holder	Secondary Insurance Policy Holder		
Patient Information							
Address:		Second Addres	ss:				
City:							
Home Phone: Sex:					Separated		
Birth Date: Age:		Social Security:					
E-mail:		I Would like	to receive co		Via L-IIIaii		
Section 2 Employment Status Full Time	Part Time	Retired		Section 3 Referred By	r:		
Student Status Full Time	Part Time				entist:		
Medicaid ID:	Pref. Dentist:		<u> </u>	Emergency	Contact :		
Employer ID:		y:		Emergency	Contact Phone #:		
Carrier ID:		,			betic?:		
Primary Insurance Information							
Name of Insured:		Relationship to	Insured:	Self	☐ Spouse	Child	Other
Insured Social Security:			Insured Birth	n Date:			
Employer:			Insurance Co	ompany:			
Address:			Address:			7	
Address.							
City, State, Zip:			City. State, Z	ip:			
Remaining Benefits:							
Seconday Insurance Information							
Name of Insured:		Relationship to	Insured:	☐ Self	☐ Spouse	Child	Other
Insured Social Security:			Insured Birth	n Date:			
Employer:			Insurance Co	ompany:			
Address:			Address:				
Address 2:			Address 2: _				
City, State, Zip:			City, State, Z	ip:			
Remaining Benefits:	00		Remaining D	Deductible:		00	



MEDICAL HISTORY

Р	atient Name _				Birth Date		
Although dental p	personnel prima	rly treat the area in and are	ound your mout	h, your mouth is part of yo	our entire body. Hea	alth problems that you may l	have, or
medication that you	u may be taking,	could have an important i	nterrationship v	rith the dentistry you will r	eceive. Thank you	for answering the following o	questions.
Have you	en hospitalized u ever had a se	ler a physician's care no l or had a major operatic erious head or neck inju nedications, pills, or drug	on? ○ Yes ○ N ry? ○ Yes ○ N	Io If yes, please ex Io If yes, please ex	plain:		
Do you take,	, or have you ta	aken, Phen-Fen or Redu	ıx? ○ Yes ○ N				
		, Boniva, Actonel or any		lo			
otner m	nedications col	ntaining bisphosphonate Are you on a special di		lo			
		Do you use tobaco					
	Do you u	use controlled substance					
Women: are you							
Pregnant/Trying to get p	oregnant ਂ Y	es ○ No Taking ora	al contraceptiv	es? Yes No	Nursing? Yes	○ No	
Are you allergic to any c	n ○Codeir		al OLatex	OLocal Anesthetics	○Sulfa drugs		
Other If yes, please	e explain:						
Do you have, or have yo	ou had, any of	the following?					
AIDS/HIV Positive		Cortisone Medicine		o Hemophilia	○ Yes ○ No		○ Yes ○
Alzheimer's Disease		Diabetes	○ Yes ○ N		○ Yes ○ No		O Yes O
Anaphylaxis	○ Yes ○ No ○ Yes ○ No	Drug Addiction	O Yes O N		○ Yes ○ No ○ Yes ○ No		O Yes O
Anemia Angina		Easily Winded Emphysema	O Yes O N		○ Yes ○ No	The second secon	O Yes O
Arthritis/Gout	Yes No	Epilepsy or Seizures	O Yes O N	•	○ Yes ○ No		○ Yes ○
artificial Heart Valve	○ Yes ○ No	Excessive Bleeding	O Yes O N		○ Yes ○ No	The state of the s	○ Yes ○
Artifical Joint	○ Yes ○ No	Excessive Thirst	O Yes O N	SAL DE WINDOWS STORY OF THE STORY	○ Yes ○ No		○ Yes ○
sthma	○ Yes ○ No	Fainting Spells/Dizziness	○ Yes ○ N		○ Yes ○ No		○ Yes ○
lood Disease	○ Yes ○ No	Frequent Cough	○ Yes ○ N	o Kidney Problems	○ Yes ○ No	Spina Bifida	○ Yes ○
lood Transfusion	○ Yes ○ No	Frequent Diarrhea	○ Yes ○ N	o Leukemia	○ Yes ○ No	Stomach/Intestinal Disease	ୁ Yes ୍
reathing Problem	○ Yes ○ No	Frequent Headaches	○ Yes ○ N	o Liver Disease	○ Yes ○ No	Stroke	ୁ Yes ୍
ruise Easily	○ Yes ○ No	Genital Herpes	○ Yes ○ N	The second section of the second seco	○ Yes ○ No		ି Yes ା
Cancer	○ Yes ○ No	Glaucoma	○ Yes ○ N		○ Yes ○ No		○ Yes ○
Chemotheraphy		Hay Fever		o Mitral Vavle Prolapse	○ Yes ○ No		○ Yes ○ ○ Yes ○
Chest Pains Cold Sores/Fever Blisters	○ Yes ○ No ○ Yes ○ No	Heart Attack/Failure Heart Murmur	O Yes O N	Osteoperosis Pain in Jaw Joints	○ Yes ○ No	Tuberculosis Tumros or Growths	O Yes
Congenital Heart Disorder		Heart Pacemaker		o Parathyroid Disease	○ Yes ○ No	Control of the Contro	○ Yes ○
Convulsions		Heart Trouble/Disease		o Psychiatric Care	○ Yes ○ No	Venereal Disease Yellow Jaundice	○ Yes ○ ○ Yes ○
lave you ever had a se	erious illness n	ot listed above? Yes	ା No If yes	s, please explain:	*		
Comments:							
Comments.							
					· ·		
						g incorrect information ca	n be
uangerous to my (or pa	ments) nealth.	It is my responsibility to	inform the de	mai office of any chang	es in my medical	siaius.	
SIGNATURE OF PATII	ENT, PARENT	, OR GUARDIAN				DATE	
	, . ,	,					



Were you referred by your Dentist? YES NO What is you	our Dentist's name:			
Let us kno	ow how you heard about Dr. Silvera?			
Please list	t all sources:			
	key words you used:			
Do you have any other dental concerns?	I			
How tall are you?	Frequency of professional dental cleanings:			
How much do you weigh?	Date of last professional cleaning:			
ALCOHOL / TOBACCO				
Do you drink alcohol? YES NO				
Do you smoke or have you ever smoked? YES ONC	If you quit, how long has it been?			
How long have you been smoking?	How long did you smoke before quitting?			
How many cigarettes do you smoke a day?	How many cigarettes did you smoke a day?			
DIABETES O YES O NO				
Which type? TYPE 1 TYPE 2				
Do you check your glucose level at home? YES ONC	If yes, how often?			
Date of last Hemoglobin A1C?	What was the value?			
Name of the Medical Doctor who checks your Hemoglobin A1	IC:			
Medical Do	ctor's Phone:			
ASTHMA OYESONO				
If allergic type, what are you allergic to?				
What triggers the asthmatic attack?				
What drug(s) do you take to control your asthma?	4			
Do you take inhaled corticosteroids? YES ONC	If yes, how often?			
Have you ever had an asthma attack did not stop?	○ YES ○ NO			
Have you ever been hospitalized for asthma?	○ YES ○ NO			
EIZURES YES NO If yes, please circle the to	ype of seizure(s) from the list below:			
Grand - mal seizure (Tonic - clonic seizure)	Atonic or akinetic seizure			
Petit - mal seizure (absence seizure)	Simple partial seizure			
Atypical absence seizure	Complex partial seizure (people with head injuries, brain infection, stroke, or brain tumor)			
Myoclonic seizure				
	2			
How may seizures a week, a month, or a year do you experier				
What is your aura?	Is it visual like a rainbow, sound or smell? YES ONO			
Have you ever been hospitalized because of a seizure?	YES ONO			
Have you ever had a seizure which did not stop?	○ YES ○ NO			

	н	OME CARE		
How Often Do You Brush?		Brand of Toothp	aste:	
How Often Do You Floss?		Brand of Mouth	wash:	
Other: _				
	OI	RAL HABITS		
Grind Teeth:	Present	Past	Never	
Bite Cheek:	Present	Past	Never	
Tongue Thrust:	Present	Past	Never	
Mouth Breather:	Present	Past	Never	
Bulimia/Anorexia:	Present	Past	Never	
Cigar/Cigarette:	Present	Past	Never	
Pipe:	Present	Past	Never	
Bite Nails:	Present	Past	Never	
Smokeless Tabacco:	Present	Past	Never	
Thumb/Finger:	Present	Past	Never	
Toothpick/Stimulator:	Present	Past	Never	
Chewing Gum:	Present	Past	Never	
Candy:	Present	Past	Never	
Soft Drinks:	Present	Past	Never	
Other:				
	TREAT	MENT HISTORY		
Are Your Teeth Sensitive To:			4	
Hot or Cold:	Present	Past	Never	
Biting/Chewing:	Present	Past	Never	
Sweets:	Present	Past	Never	
Have You Ever Had:				
Orthodontic Treatment:	Present	Past	Never	
A Bite Plate or Guard:	Present	Past	Never	

Present

Present

Present

Past

Past

Past

Never

Never

Never

Periodontic Treatment

Serious Injury to Mouth or Head:

Oral Surgery: