

# IPCOM Dental Health Resource Binder



Department of Community Health Systems  
School of Nursing  
University of California San Francisco  
[www.ipcom.ucsf.edu](http://www.ipcom.ucsf.edu)

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Frequently Asked Questions  
about Dental Referral  
Client Handout

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# IPCOM Dental Health Resource Binder

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UCSF IPCOM: Client Handout

Frequently Asked Questions about Dental Referrals

1. Are you ready for dental care?
  - a. The time is now. DentiCal has been reinstated in California!
  - b. Take care of a regular cleaning and xrays....DentiCal pays for dentures too.
  - c. You can improve both your physical and your mental health by taking care of your teeth and gums.
2. Where can I go for dental care in San Francisco?
  - a. You have two choices for dental care: a private dentist who accepts DentiCal (see attached list)
  - b. Or, you can go to UCSF Dental Centers at two locations. At UCSF, dental students, under the supervision of a dental faculty, will first talk with you, take xrays and examine your mouth before they outline a treatment plan. There are a limited number of appointments every month for new DentiCal patients at UCSF (see below phone numbers). It is recommended you call early in the month.
3. Does DentiCal pay for everything?
  - a. It depends on what you need...
  - b. DentiCal will pay for a regular cleaning, simple crowns and dentures.
  - c. DentiCal does not pay for a deep cleaning. If needed, this needs to be done before a dentist will do any restorative work. DentiCal will not pay for dental implants.
  - d. You may have a DentiCal "share of costs"—and this is dependent on your monthly income. If you are over a certain amount of income per month, you may have to pay the first \$600, for example, every month for any dental care, and then after \$600 DentiCal will begin paying benefits. You will be told about the "share of costs" when you make your dental appointment. We recommend you go down to the MediCal Offices with receipts of your regular monthly costs for medications, for example, to ask them to remove the "share of costs" from your DentiCal benefit.
  - e. Health Insurance Counseling and Advocacy Program (HiCAP) may be helpful for those who have Medicare. Call to make a free appointment: (415) 677-7520.
4. What do I need to bring to my appointment?
  - a. At UCSF Dental Centers, you will need a government issued photo ID AND your white MediCal card, and bring these to every appointment. There is a questionnaire you will need to complete before your appointment. If you need to pay for any of your dental care, you will need to bring the money with you to your appointment.
  - b. Each private dentist office has their own forms, and will let you know what to bring to your first appointment.
5. What if I need dental care, but after they presented the treatment plan, I cannot afford it?
  - a. It is time to get creative!
    - i. Ask if the private dentist has an interest-free payment plan;

- ii. Ask if there is any way to divide the treatment plan into smaller parts, so that you can pay smaller amounts over time.
  - iii. See if you can take a loan from a friend, and pay them back with a payment plan.
  - iv. Start a free savings account, and begin to save \$50 every month towards your treatment plan.
  - v. Talk to your case manager for other ideas.
6. What should I do if I have a dental emergency?
- a. You can drop in at UCSF Buchanan Dental Center, or go to the SFGH Oral Surgery Clinic.
  - b. See additional drop-in hours at the Department of Public Health Clinics.
7. Other questions?
- a. Talk with your Program Nurse Practitioner

Dental Outreach Case  
Management Tracking Form for  
Providers & Staff

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# BRIEF DENTAL OUTREACH CASE MANAGEMENT TRACKING FORM

Client Name:	House:
Local Referral Site:	Treatment Urgency:
Date/Time of Appt: Appointment Made By:	Code for Online Patient Forms Access (UCSF Only):

Logistics	Yes	No	Action
1. View government-issued photo ID			
2. View white/blue MediCal card-name should match photo ID			If no, send client to Harrison St. MediCal office to get a "temporary benefits ID card printout"
3. Have patient forms and consents been completed?			
4. Has our release of information form been signed?			
5. Did client receive a copy of the providing Dental Clinic policies?			Explain fees.
6. Did client receive an appointment card?			
7. Does the client know who their dental health staff champion is?			If no, informed of staff champion <input type="checkbox"/>
8. Does the client have an assembled packet of information to bring to her/his first appointment: MediCal card (or temporary benefits ID card printout), photo ID, completed new patient survey, and signed Progress Foundation release of information form?			
9. Has the client been informed of the need to bring her/his MediCal card and photo ID/verification to EACH appointment?			

For future treatment visits: Date #1: \_\_\_\_\_

Reminder email/texts/phone calls to client

Reminder email/texts/phone calls to dental staff champion/house staff:

For future treatment visits: Date #2: \_\_\_\_\_

Reminder email/texts/phone calls to client

Reminder email/texts/phone calls to dental staff champion/house staff:

For future treatment visits: Date #3: \_\_\_\_\_

Reminder email/texts/phone calls to client

Reminder email/texts/phone calls to dental staff champion/house staff:

For future treatment visits: Date #4: \_\_\_\_\_

Reminder email/texts/phone calls to client

# IPCOM DENTAL OUTREACH CASE MANAGEMENT TRACKING FORM

Client Name:	House:
Dental Referral Site:	Treatment Urgency:
Date/Time of Appt: Appointment Made By:	Code for Online Patient Forms Access (UCSF Only):

Logistics	Yes	No	Action
10. View government-issued photo ID			
11. View white/blue MediCal card-name should match photo ID			If no, send client to Harrison St. MediCal office to get a "temporary benefits ID card printout"
12. Have patient forms and consents been completed?			
13. Has Progress Foundation's release of information form been signed?			
14. Did client receive a copy of the UCSF Dental Clinic policies?			Explain that they will not be charged a first visit fee and that MediCal will be billed for the xrays taken. Explain that there will be fees for late or missed appointments.
15. Did client receive an IPCOM appointment card?			
16. Does the client know who their dental health staff champion is?			If no, informed of staff champion <input type="checkbox"/>
17. Does the client have an assembled packet of information to bring to her/his first appointment: MediCal card (or temporary benefits ID card printout), photo ID, completed new patient survey, and signed Progress Foundation release of information form?			
18. Has the client been informed of the need to bring her/his MediCal card and photo ID/verification to EACH appointment?			

Client Goals	1	2	3	4	5	6	7	8	9	10
19. How confident are you in remembering to show up for this appointment?										
20. How confident are you to show up on time?										
21. How confident are you that you will finish your dental treatment plan?										

Potential Concerns/Barriers	Yes	No	Comments
22. Do you have any worries/concerns about your dental care?			
23. Is transportation a concern?			
Is childcare a concern?			



25. Any worries about wait time while at the clinic?			
<input type="radio"/> Any worries about money/cost of treatment?			
<input type="radio"/> Any worries about dental pain?			
28. Any worries about being treated unfairly during your dental visit?			
29. Do you have any questions about your upcoming appointment?			

**Client Strategies: What strategies will you use to manage these concerns?**


**If client is interested in hearing more about additional strategies—check all those provided**

30. Write down two reasons why you want to complete dental treatment, and put in your manila envelope/or in your journal.	
31. Ask for transportation help: map, token	
32. Ask staff to calendar their appointment and remind them	
33. Practice deep breathing/relaxation exercises	
34. Take some Tylenol before the dental appointment	
<input type="radio"/> Bring a healthy snack and bottle of water to your dental appointments	
36. Get a good night sleep before your appointment	
37. Eat a healthy light meal before your appointment	
38. Ask another client to go with them for social support	
39. Other	

Client Strategies	1	2	3	4	5	6	7	8	9	10
40. How confident are you in using these new strategies to keep your dental appointment?										

**Any additional questions/comments from client?**

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Amount of time to complete survey:

Amount of time spent with client to review strategies:

**Action Items for Dental Staff Champion:**

**Action Item for Case Manager:**

at left for client to bring to appointment, with release of information, MediCal eligibility, clinic appointment

Put date and time of dental appointment on master calendar on UCSF Box

Appointment calendared by staff	<input type="checkbox"/>
Follow up Items/Dates for first visit:	
Reminder email/texts/phone calls to client	
Reminder email/texts/phone calls to dental staff champion/house staff:	

Possible Outcomes after first visit	Yes	No	Comments
41. Client did not show up for appointment?			
42. Client accepted at UCSF Dental Clinic for dental treatment?			
43. Client has treatment needs not covered by DentiCal?			
44. Dental treatment plan received by case manager?			
45. Follow up appointments scheduled/calendared for client?			
46. Other			

Future treatment visits: Date #1: _____
Reminder email/texts/phone calls to client
Reminder email/texts/phone calls to dental staff champion/house staff:
For future treatment visits: Date #2: _____
Reminder email/texts/phone calls to client
Reminder email/texts/phone calls to dental staff champion/house staff:
For future treatment visits: Date #3: _____
Reminder email/texts/phone calls to client
Reminder email/texts/phone calls to dental staff champion/house staff:
For future treatment visits: Date #4: _____
Reminder email/texts/phone calls to client
Reminder email/texts/phone calls to dental staff champion/house staff:

Motivational Interviewing  
Strategies for Providers  
to Use with Clients

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MI strategies are used to work with clients in a client-centered way that suggests they know what is best for themselves. There are 4 basic principles to enhance motivation:

1. Expression of empathy, 2. Development of discrepancy between desired and actual behaviors, 3. Rolling with client resistance, and 4. Supporting self-efficacy.

Examples of statements for enhancing motivation:

1. Reflective listening and expressing empathy and acceptance:

"You have had not-so-great experiences at the dentist in the past."

"You are frustrated with all of the steps required to get dental care. I can see how that might feel discouraging."

2. Developing discrepancy:

"How have your dental problems (pain, missing teeth, etc) stopped you from doing what you want to do (or, interfered with your quality of life)?"

"What would be the good things about you starting and completing dental care?"

3. Rolling with resistance:

"I am concerned about your oral health, but ultimately, the choice is yours."

"Sometimes people have trouble with their anxiety or depression in making dental care happen—would you like to hear of some strategies that may help with this?"

(Barriers to discuss could include transportation concerns, childcare, cost, dental pain, time to complete treatment, stigma associated with my mental health condition, a sad mood, fatigue, depression, disorganization, etc.)

4. Supporting self-efficacy:

"How important is your oral health to you (on a scale of 0-10)?" Why a (note number the client chooses) and not a lower number?"

"How confident are you (on a scale of 0-10) that you will show up for your (first, second, etc.) appointment?"

"What personal strengths do you have that will help you do this?"

It is also helpful to express confidence and reinforce positive change-talk:

"I'm confident that if your oral health is important to you that you will find a way to make dental care happen for you."

#### References

Martins, R.K., & McNeil, D.W. (2009). Review of motivational interviewing in promoting health behaviors. *Clinical Psychology Review, 29*(4), 283-293.

The Permanente Medical Group. (2005). *Communication for Health Action. Motivating Change. 3rd edition.*

United States Department of Agriculture (n.d.). *Sample MI questions and statements.* Retrieved 11/30/15 from

<http://www.eatsmartmovemorenc.com/MotivationalInterviewing/Texts/Motivational%20Interviewing%20questions.pdf>

Denti-Cal Dentists in  
San Francisco

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Denti-Cal Dentists in San Francisco (All in Good Standing with CA Dental Board), as of August 24, 2015

Name	Phone	Address	Website	Wait for Appt	Special Features	Yelp Reviews*
Roytman & Morozova Inc.	415-584-8500	4585 Mission St 94112-2603	<a href="http://www.allcitydental.com">www.allcitydental.com</a>	September	Russian, Spanish	Mostly good
Mike Li Inc.	414-753-6161	#104 1108 Vincente St 94116-3042	none	1 week	Fast for dentures	Mostly good
Soe Dental Corp.	415-585-5773	4747 Mission St 94112-2729	<a href="http://www.todaydentistrysf.com">www.todaydentistrysf.com</a>	1 week	none	Mostly excellent
Tolosa Sison Professional Dental Corp.	415-587-1161	5601 Mission St 94112-3417	none	October	Tagalog	Excellent
Santos Dental Corp.	415-362-9893	#1114 450 Sutter St 94108-3913	<a href="http://www.unionsquarecosmeticdentist.com">www.unionsquarecosmeticdentist.com</a>	2 weeks	none	Mixed
Mikhail Berdichevsky Inc.	415-386-5590	#303 4444 Geary Blvd 94118-3045	none	1 week	none	Mixed
City Dental	415-776-8581	#400 2675 Geary Blvd 94118-3467	<a href="http://www.sfcitydental.com">www.sfcitydental.com</a>	1 week	Shuttle service	Mixed
Justin Tin	415-759-7888	#208 2323 Noriega St 94122-4254	<a href="http://www.sfdentalgroup.com">www.sfdentalgroup.com</a>	1 week	Multiple languages	Mixed
Arevalo-Marcos Dental Care Inc.	415-239-8511	3998 Mission St 94112-1050	<a href="http://www.marcosandmarcosdds.com">www.marcosandmarcosdds.com</a>	September	none	Mixed
Apolinar Relos Inc.	415-821-2332	#202 2460 Mission St 94110-2477	none	September	none	Mixed
Connie Rocabo	415-641-7739	#6 2489 Mission St 94110-2400	<a href="http://www.rocabdentistry.com">www.rocabdentistry.com</a>	September	Spanish, Tagalog	Mixed

Narciso Yusi	415-647-4855	#332 2480 Mission St 94110-2487	none	September	none	Poor
Nenita Ebojo Sanidad	415-826-8425	#202 3085 24 <sup>th</sup> St 94110-4147	none	September	none	Poor
Richmond Dental Care	415-752-5605	4312 Geary Blvd 94118-3004	none	October	Russian	Poor
Western Dental	415-285-7537	2813 Mission St 94110-3907	<a href="http://www.westerndental.com">www.westerndental.com</a>	September	Spanish	Poor

\*Yelp Reviews are often skewed as being very bad (one star) or excellent (5 stars), so they are not really a good indicator of quality. There are additional review sites for health providers, and they generally rate the provider much higher.

San Francisco Free  
Medical Chart

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# San Francisco Free Medical Chart April-June 2016

Page 1 (Total page for 100 clinics)

Adults: Teens: Seniors: Children: Women: Men: **Everyone**

Urgent Care	VII Testing	Pregnancy Test	STD Testing	HIV Testing	Dental	Podiatry	Immunizations	Women's Health	Family Planning	Mental Health	Prenatal Care	Primary Care
☒	WT	☒	☒				WT	AT	☒	WT	☒	
<b>San Francisco General Hospital, 1001 POTrero Ave. (at 23rd St) 415-206-8000</b> All in person accepted. Will help SF residents without insurance enroll in Healthy SF or M-1-C. No extra charge away for lack of funds. Call for appt M-F 8:30am-5pm, closed holiday. Urgent care M-F 8:11:30am-11:30pm, 6-9pm, Sa-Su-hol 8-11:30am, 1-4pm. 24-hr emergency room. Patient Advocate: 415-206-5176. Also cancer screenings, pediatrics, Cantonese, English, Mandarin, Russian, Spanish & Vietnamese. Other languages available.												
A	A	A	A	A								
<b>Tom Waddell Urgent Care Clinic, 50 D. Tom Waddell Pl. (bet. Van Ness &amp; Polk) 415-375-7500</b> \$0 full bill. Adults (18+). Drop-in M-Th 8am-6pm, F 8am-5pm, Sa 9a-4:30pm, TB testing M-F 8a-9am. Homeless dental clinic MTh 7am (come early!!!) Call for podiatry. English & Spanish.												
<b>Neighborhood Clinics</b>												
☒	☒	WT	☒	☒			☒	☒	AT	☒	☒	
<b>BAART Community Health, 433 FURK St (bet. Larkin &amp; Hyde), 15-928-7800, 624 S. (at 7th) 415-863-3883.</b> M-F 6am-2pm \$0-full bill, M-F 7-10:45am, 12-3pm. Drop-in or call for an appointment. Opiate abuse treatment. English, Spanish & Tagalog.												
<b>Curry Senior Center, 333 FURK (near Leavenworth), 415-885-2270.</b> \$0-full bill. For Tenderloin-SOMA residents 55+. Call for appt M-F 8am-5pm. Substance abuse counseling & case management. English & Spanish. For Cantonese, Laotian, Marathi, Russian, Tagalog & Vietnamese call for address & time.												
☒	☒	WT	☒	☒			☒	☒	AT	☒	☒	
<b>LoPrest Health Center, 551-555 Market Street (btw. 6th &amp; 7th St), 415-600-4900.</b> \$0 full bill. Call or drop in to make an appt MTh 8am-12pm & 1-5pm, Tu 1pm-5pm. English, Cantonese, Spanish & Tagalog.												
A			A	A	A	A						A
<b>Sister Mary Philippa Health Center, 2235 HAY St, 5TH FLOOR (bet. Stockton &amp; Shradler), 415-555-5500.</b> \$0-full bill. Call for appt M-F 9am-4:30pm. Cardiology, rheumatology or podiatry. Advice nurse, social services, nutrition, diabetes education & pharmacy available. Cantonese, English, & Vietnamese. Other language, through telephone interpreter.												
☒	☒	WT	☒	☒	☒	☒	☒	☒	WT	☒	WT	☒
<b>South of Market Health Center, 229 7th St. (bet. Howard &amp; Folsom), 415-503-0000.</b> \$0 full bill. Call or drop in to make an appt M-Th 8am-12pm & 1-5pm, F Sa 11am-12pm & 12:30-3:30pm. Cantonese, English, Mandarin, Spanish & Tagalog.												
<b>Outreach Clinics</b>												
<b>A Woman's Place, 1049 HOWARD St. (bet. 6th &amp; 7th St), 415-87-2140.</b> Free, with a physician on Healthy SF. For anyone who identifies as a woman. Entrance is around the corner on Ross St. Substance abuse program, HIV program & case management available. Call for a practitioner MTh 1-5pm.												
☒												
<b>Martin de Porres, 225 POTrero Ave. (bet. 15th &amp; 16th St) 415-552-0740.</b> Free, Tu 12-2pm nurse practitioner, 12:30-2pm, health ed., referrals, over-the-counter medications, English & Spanish.												
☒	WT	☒	☒	☒	☒	☒	☒	WT	AT	☒	☒	
<b>Mission Resource Ctr, 165 CENTER St (bet. 16th &amp; 17th) 415-860-0777 ext. 1001.</b> Free for SF homeless 18+. Drop-in: Nurse practitioner or doctor M-F 8:5a-11:45am & MTh 1:45pm-4:45pm. HIV rapid test Tu 2-4pm. Homeopathy Tu 9am-12pm. Psychiatry MW 8:15am-5pm. Workers laundry, case management, support groups, help getting insurance, & HepC treatment available. English & Spanish.												
☒												
<b>San Francisco Day Labor Program, 3358 CENTER St. (bet. Mission &amp; S. Van Ness), 415-252-5375.</b> Free Drop-in: Tu 9-11am medical care. First 20 people are seen, preference given to day laborers. Job referrals M-F 7am-1pm, Sa 7am-noon. Orientation required for job referral: WTh 10:30am (Spanish), 11am (English). English classes M 5pm. English & Spanish.												
<b>Other Clinics</b>												
			☒	☒	☒					☒	☒	☒
<b>Haight Ashbury Medical Clinics - HR360, 1735 Market St. (at 13th St) 415-746-1940.</b> \$0-full bill. Call for an appt M-F 9am-12pm, 12:45-5pm. Substance abuse treatment, acupuncture, English & Spanish. Other languages via phone interpreter.												
☒	WT	☒	☒	☒	☒	☒	☒	WT	AT	☒	☒	
<b>Haight Ashbury Medical Clinics - HR360, 558 Coward St. (Haight) 415-746-1950.</b> \$0-full bill. www.healthright360.org. Call for an appt M-F 9am-12pm & 12:45-5pm. Case management if homeless & or HIV+. English & Spanish.												
T	T	T	T	T	T							T
<b>Huckleberry Youth Health Ctr, 555 CENTER St. (at Haight) 415-751-8181.</b> Free for homeless youth ages 12-24, others call for info. If 12-18 & not homeless, parental consent required for primary care but not for reproductive health svcs. Call for appt M Tu W F 9am-5:30pm, Th 2-6pm. Drop-in: Tu 2-5pm, Th 2-6pm. Call 415-386-9398 for case management, therapy, & peer health education. Cantonese, English, & Spanish.												
T	T	T	T	T	T							T
<b>Michael Baxter Larkin Street Youth Clinic, 134 GOLDEN GATE AVE (bet. Leavenworth &amp; Jones), 415-673-0911, Ext. 259.</b> Youths 12-24. Free for those on MediCal or HealthySF. Call M W Th F 9am-12:30pm & 2-4:30pm, Tu 11am-1pm & 2-4:30pm. Same-day appt for some services. Drop-in: M W Th F 9am-12:30pm & 2-4:30pm, Tu 11am-1pm & 2-4:30pm. Cantonese, English, & Spanish.												
WT	☒	☒	☒							WT	☒	
<b>New Generation Health Center, 625 POTrero Ave. (bet. 18th &amp; 19th Sts), 415-502-8336.</b> \$0-full bill. newgen.ucsf.edu. Call M W F 9am-5pm, TuTh 10am-6pm for an appt. Drop-in for emergency contraceptives (morning after pill), M W F 9am-5pm, TuTh 10am-6pm. English & Spanish.												

\* Primary Care clinics provide full medical services including screening & referral  
Urgent Care clinics provide limited medical services including screening & referral

Clinics at potrero & haight provide health education & substance abuse program. are not included on this chart

In case of emergency, call 911.

# San Francisco Free Medical Chart

## April-June 2016

Page 2 [Turn page for more clinics]

Adults: Teens: Seniors: Children: Women: Men: **Everyone**

Urgent Care	TB Testing	Pregnancy Test	STD Testing	STD Treatment	HIV Testing	HIV Treatment	Dental	Podiatry	Transgender SVCS	Immunizations	Women's Health	Family Planning	Mental Health	Prenatal Care	Primary Care	Other Clinics
☑	WT								A	WT	AT				☑	<b>San Francisco Free Clinic.</b> 4900 CALIFORNIA ST (at 11th Ave). 415-750-9894. Free. Serves only the uninsured. Call M-F 1-4:30pm for an appt in a week. Cantonese, English, Mandarin, & Spanish. Russian & Vietnamese translators available with 3 days notice.
	WT	AT	AT	☑				AT	☑	WT	☑	☑			☑	<b>St. James Infirmary.</b> 234 Eddy (bet. Jones & Taylor). 415-554-8494. <www.stjamesinfirmary.org>. Free. For current, former & transitioning sex workers & current primary partners (must come together) & their children 12+. Call 415-554-9634 M-F 9am-5pm for WTh appointment. <b>Drop-in:</b> needle exchange. HIV & Hep C testing Th 5-8pm; medical care W 6-9pm; therapy & case mgmt MWTh 10am-2pm. Food, clothing, condoms, lube, massage, acupuncture, counseling, support groups, harm reduction. English, Cantonese, Korean, Mandarin, Spanish, Thai, & Vietnamese by appt.
A	A		A	A	A				A	W	A	A			A	<b>Tenderloin Health Services.</b> 330 ELLIS ST, 6TH FLOOR (bet. Taylor & Jones). 415-674-6140. \$0-\$45. For San Francisco residents 18 or over. Call for appt M-F 8:45am-5pm. <b>Drop-in:</b> confidential HIV rapid test if clinician assesses high risk M-F 9am-5pm; TB test MTuWTF 9-11:30am & 1-4pm; substance abuse services TuTh 11am-12:30pm. Hepatitis & breast cancer screening, help for diabetes & hypertension, health education.
☑	☑	A	A	AT	☑			☑	A	A	☑	A			A	<b>The Wellness Clinic.</b> 726 POLK ST Fl 4 (bet. Ellis & Eddy). 415-292-3400 ext 368. \$0-full bill, will help you get insurance. 18+. Call for appointment MTuWTF 9:30am-6pm, Th 11am-7:30pm. <b>Drop-in:</b> Transgender Support & Needle Exchange Tu 2-5pm ThF Sa 1-5pm; HIV prophylaxes PrEP (pre-exposure) & PEP (post-exposure) available. Cantonese, Mandarin, Spanish, Tagalog, Thai, & Vietnamese. Other languages via phone interpreter.
	WT	WT	WT	WT					WT	WT	WT	WT			WT	<b>Women's Community Clinic.</b> 1833 FILMORE ST, 3RD FLOOR (bet. Bush & Sutter). 415-379-7800. MediCal or \$0-full bill. Call for appt MTh 9am-9pm, TuWTF 9am-5pm, Sa 9am-1pm. Female-identified or female-bodied welcome. Acupuncture, counseling, insurance help. English & Spanish.
																<b>Testing Sites</b>
	WT	☑	☑	☑							WT					<b>City Clinic.</b> 356-7TH ST (bet. Folsom & Harrison). 415-487-5500. \$10 fee, no one turned away for lack of funds. <www.sfcityclinic.org>. <b>Drop-in:</b> MWF 8am-4pm, Tu 3-6pm; people with STD symptoms Tu 1-3pm, Th 1-4pm; Family planning MWF 8am-3pm, Tu 3-6pm (or call 415-487-5552 or email sfcewomensclinic@sfph.org for Th morning family planning appt); Trans health Th 8-11am; HIV Pre-exposure Prophylaxis (PrEP): MF 1-3:30pm or by appt (415-487-5537). HIV early care clinic call 415-487-5511 for appt. HIV Post Exposure Prophylaxis (PEP) & emergency contraception available after clinician assessment. HIV testing only if clinician assesses high risk. Cantonese, English, Mandarin, Russian, Spanish, & Tagalog.
				A												<b>UCSF Alliance Health Project.</b> 1930 MARKET (by Duboce). 415-502-8378. Donation requested, not required. <www.ucsf-ahp.org>. For rapid HIV testing call Tu-F 11am-4:30pm for appt or drop in Tu 5-7pm, WTh 12-7pm, F 12-5pm, Sa 9am-12pm. Confidential. HIV & risk assessment counseling available. Call for help getting HIV Pre-Exposure Prophylaxis (PrEP). English. Other languages by appt.

☑ Primary Care clinics provide full medical services including screening & referral  
Urgent Care clinics provide limited medical services including screening & referral

☑ Clinics that provide only mental health services, health education & substance abuse programs are not included on this chart

### Health Insurance

**HealthySF.** 415-615-4588. \$0-full bill. Call M-F 8:30am-5:30pm for appts & drop-in sites. Health care access for SF residents 18-64 with low to no income (incl. the undocumented) who can't get MediCal or insurance. At the intake appointment, they'll ask for photo ID, proof of SF residency, and proof of income, & you can choose a clinic to provide your primary care. Cantonese, English, Mandarin, Russian, & Spanish.

**MediCal.** 1440 HARRISON ST. (bet 10th and 11th). 415-863-9892 or toll free 855-355-5757. M-F 8am-5pm. Free. Health insurance for all documented California residents with income less than 138% of the

poverty line (\$16,105 a year for a single person). Apply in person or online at <www.mybenefitcalwin.org>.

**Medicare.** 800-633-4227. <Medicare.gov>. Health insurance for documented US residents 65+ or disabled.

**San Francisco Health Plan.** 7 SPRING ST (btw. Sacramento & California). 415-777-9992. \$0-full bill. (8am-5:30pm). Health care coverage for low-income SF residents. Call or drop-in or go online at www.sfhp.org to find out if you qualify for publicly funded health care incl. MediCal, Healthy Kids & Healthy Workers.

### Odds & Ends

**Acupuncture:** 1. American College of Traditional Chinese Medicine, 555 DeHARO, RM G, 415-282-9603. MTu 1:30-4:15pm through Apr. 25; starting May 9 M 1:30-4:15pm & W 9am-noon. 2. Haight Ashbury Free Clinics - HR360, 1735 MISSION ST. (at 13th Street). 415-746-1940. Call for an appt M-F 9am-5pm.

**Bay Area Legal Aid.** 855-693-7285. M-F 9am-5pm. Free legal aid for issues with Medi-Cal, medical debt, and health care access. English, Cantonese, Mandarin, Spanish, & Vietnamese; other languages via telephone interpreter.

**San Francisco Rape Treatment Center.** 1001 POTRERO (at 23rd St.). 415-437-3000. Free. **Drop-in:** 24 hr. crisis intervention, evidence collection & medical care via SF General Hospital Emergency. This

is for all San Franciscans 18+. Medical care & mental health referrals. English & Spanish; other language interpreters available.

**Surgery: Operation Access.** 1119 MARKET ST, SUITE 400 (at 7th). 415-733-0052. Free. Call M-F 9am-5pm for information on how to get a referral for free outpatient surgery. English, Portuguese, & Spanish. Other language interpreters available.

**Syringe Access.** 117 6TH ST (bet Mission & Howard). 415-241-5100. HIV/HepC testing; syringes & condoms; needle disposal; Narcan (OD remedy). OD emergency training. Tu 10am-12pm (nurse), F 12pm-2pm, Sa 3pm-11pm. Call or visit <sfaf.org/client-services/syringe-access> for other times & places. English & Spanish.

We'd like your corrections, comments, or additions for our next update. Please call 415-648-3222. Up to the minute charts available at <http://freeprintshop.org>

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**In case of emergency, call 911.**

How to Get Photo ID and  
MediCal Card in San Francisco

IPCOM

If the client does not have a photo ID, it would be great to have clients put this on their goal list.

To get a California Photo ID:

'f you do not have an original copy of your birth certificate:

- 1) St. Anthony's Social Work Center (121 Golden Gate Ave, 415-592-2855) can assist clients with their birth certificates. Birth certificates can be mailed to Project Homeless Connect, at 25 Van Ness Ave suite 340, SF 94102 (to be picked up later by clients if the client leaves the Progress Foundation Program).
- 2) Department of Motor Vehicles:
  - a. DMV Office of San Francisco, California, 1377 Fell St., San Francisco, CA 94117
  - b. DMV Phone Number, (800) 777-0133 to make an appointment (you can also make an appointment online, or drop in to wait in line)
  - c. To apply for an ID card you must visit a California Department of Motor Vehicles(DMV) office in person to:
    - i. Complete a Driver License or Identification Card Application (Form DL 44). This form is not available online as it requires your original signature.
    - ii. Give your thumbprint.
    - iii. Have your picture taken.
  - d. You will need to bring your social security number and an original or certified copy of a document proving your date of birth or legal presence, such as your:
    - i. CA driver's license.
    - ii. U.S. passport, or
    - iii. Birth certificate.
  - e. If you are over 62, the California ID card is free, and good for 10 years.
  - f. If you are under age 62, the card is good for 6 years. If you have limited income, you may qualify for a reduced fee (\$8 instead of \$28): Have Progress Foundation complete the "Verification for Reduced Fee Identification Card form (Form DL 937)" and bring the completed form with you to the CA DMV when you apply for your CA ID card. (Form DL 937 is not available online-public service agencies reportedly have these forms?)

To be seen at the UCSF Dental Centers, clients need a MediCal card or a "Temporary Benefits ID card"---The MediCal card is the white card with a blue outline of state of California on the left. You have to be able to read the name of the client, the ID card and the date of issue. If the client does not have this card, they will need to drop-in to the MediCal offices near Costco between 8AM-5PM, to get their "Temporary Benefits ID card" printout.

MediCal Office:

1440 Harrison St. @ 11th St., 94103

415-863-9892 415-863-9892

415-558-1976 (FAX)

UCSF School of Dentistry  
Statement of Philosophy &  
Patient Bill of Rights and  
Responsibility

IPCOM

The logo for IPCOM features the letters 'I', 'P', 'C', and 'M' in a dark red, serif font. The letter 'O' is replaced by a circular emblem with a complex, interlocking floral or geometric pattern in the same dark red color.

## **Statement of Educational Philosophy UCSF School of Dentistry**

*We, the faculty, students and staff of the UCSF School of Dentistry, are committed to fostering an environment of mutual trust and respect.*

*We believe this goal requires clear communication, compassion for others, and enthusiasm for the dental profession. To this end, we accept personal responsibility for our interactions with patients and colleagues and we encourage one another through constructive guidance. This team philosophy will be the foundation of all our endeavors, even in challenging times. In this way, we will continue to achieve academic and clinical excellence, create lifelong professional partnerships, and provide lasting contributions to the greater community.*



DENTAL SERVICES

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**PARNASSUS CLINICS**  
707 PARNASSUS AVE.  
(415) 476-1891  
TDD: (415) 476-1778

**BUCHANAN DENTAL CENTER**  
100 BUCHANAN  
(415) 476-5608

DENTAL PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

The Patient Rights and Responsibilities printed below apply to every patient in our clinics with the understanding that the University of California, San Francisco, in conformance with the applicable laws and regulations, does not discriminate on the basis of race, color, national origin, gender, handicap, sexual orientation, or age. We encourage patients to be informed about all aspects of their care. Your dental care provider and teaching faculty are the best persons to ask about the treatment and care you receive at the school.

All Patients Of The School of Dentistry Have A Right To:

- Considerate and respectful care.
  - Know the name of the dental care provider.
  - Be informed of risks as well as the nature of procedures, expected benefits, and the availability of alternative methods of treatment and the risk of no treatment.
  - Ask your dental provider to discuss all the treatment options regardless of coverage or cost.
  - Know in advance the type and expected cost of treatment.
  - Examine and receive an explanation of the statement of charges.
  - Be informed of continuing dental health care requirements.
  - Reasonable continuity of care and completion of treatment.
  - Expect dental team members to use appropriate infection and sterilization controls.
  - Privacy concerning the dental care program.
- 
- Confidentiality of all communications and records pertaining to care. You are entitled to access the information contained in your patient record, within the limits of the law.
  - Have these patient rights apply to the person who may have legal responsibility to make decisions regarding dental care on behalf of the patient.

- Treatment that meets the Standard of Care
- To express concerns or complaints about your care with the assurance that the presentation of a complaint will not compromise the quality of your care.
- Exercise these rights and have reasonable access to treatment in clinics.

As a patient at the Dental Clinics at UCSF, you also have the following **Responsibilities**:

- To report to the best of your knowledge, accurate and complete information regarding any matters pertaining to your health to your dental provider and other health care professionals caring for you.
- To follow the treatment plan recommended by your dental provider (subsequent to informed consent and your authorization to begin treatment)
- To keep appointments.
- To accept the consequences of your own decisions and actions, if you choose to refuse treatment or not to comply with the instructions given by the dental provider.
- To assure that your financial obligations for your health care are fulfilled as promptly as possible.
- To follow Dental Clinics rules and regulations affecting patient care and conduct.
- To respect the rights and property of other patients and Dental Clinics personnel, including no cell phone use in the patient reception and treatment areas.
- To follow the UCSF smoke free policy.



Buchanan UCSF Dental Center  
Conditions of Treatment,  
Financial Policies & Map

IPCOM

University of California, San Francisco  
School of Dentistry

BUCHANAN DENTAL CENTER CONDITIONS OF TREATMENT

**GENERAL INFORMATION:** The Buchanan Dental Center of the University of California, San Francisco School of Dentistry are primarily teaching clinics and therefore patients receiving dental care will be participating in the teaching program. Treatment will be performed by a dental and/or dental student-doctor and supervised by members of the School of Dentistry faculty. Treatment under supervision generally requires more time than if performed by a private dentist. Also, it is possible that the faculty may direct a student to redo a procedure as necessary to comply with the standard of care in dentistry. Most appointments will require approximately three hours of your time.

**APPLICATION TO BECOME A PATIENT:** Only patients whose dental/medical condition and complexity are suitable for teaching purposes will receive care in the Buchanan Dental Center. All patients require an initial dental assessment, which also allows determination of the types of dental services needed and appropriate level of provider(s). Patients not offered dental treatment in the Buchanan Dental Center would be referred to more advanced providers in other School of Dentistry clinical programs or outside practitioners. The School of Dentistry reserves the right to deny treatment in the Predoctoral program.

**APPLICATION FOR EMERGENCY CARE:** Emergency treatment is generally treatment which is temporary in nature. The Emergency Clinic will attempt to provide symptomatic relief for individuals with acute dental need. The Emergency Clinic is limited by the time available during the clinic sessions and the number of providers available. It is the patient's responsibility to arrange for follow-up care, which is usually required to resolve the dental problem permanently. Patients of record may call after-hours: Emergency Services at (415) 551-9036.

**CONSENT TO DENTAL PROCEDURES:** Before receiving treatment, you should ask the student dentist about the procedure(s) that he/she recommends you undergo, and ask any questions you may have before you decide whether to give your consent for the procedure(s) offered. All dental procedures may involve risks or unsuccessful results and complications, and no guarantee is made as to any result or cure. You have the right to be informed of any such risks as well as the nature of the procedure, the expected benefit, and the availability of alternative methods of treatment. You have the right to consent to or to refuse any proposed procedure at any time prior to its performance. Conversely, the School of Dentistry reserves the right not to perform specific treatment requested by you if it violates the standard of care in dentistry.

**X-RAYS:** Dental x-rays will be taken as necessary and appropriate for examinations, diagnosis, consults, and treatment. You may submit current (taken within twelve months), diagnostic-quality radiographs taken by a non-UCSF dentist for inclusion in your UCSF dental records. However, we require multiple copies of radiographs and charge patients a duplication fee for this service. If the radiograph's quality is non-diagnostic or cannot be satisfactorily retaken, we may need to take more radiographs and charge an appropriate fee. Please ask about the process of transmitting digital radiographs from an outside dentist.

**PHOTOGRAPHS:** Patient photographs may be taken to document a clinical condition, examination findings and/or for teaching purposes.

**FINANCIAL RESPONSIBILITY:** Patients who receive treatment at the Buchanan Dental Center will be charged for treatment according to the fee schedule in effect in the clinics. A fee estimate will be provided prior to beginning treatment and patients must be prepared to pay for services. Fees are due at the beginning of each appointment. Patients with dental insurance will be required to assign the benefits of such insurance and agree to provide personal identification necessary to process dental insurance claims.

**DENTAL RECORDS:** The records, x-rays, photographs, models, and other materials relating to your treatment in the Buchanan Dental Center are the property of the School of Dentistry. You have the right to inspect such materials and to request copies. The School of Dentistry may charge a reasonable duplication fee for this service. You may also request to have your dental x-rays sent to another health care provider by signing a release of information form. The School of Dentistry is authorized to furnish information from your records to your insurance company to obtain reimbursement. In addition, your dental/medical records may be used for instructional purposes and if they are, your identity will not be disclosed to individuals not involved in your care and treatment. All dental and medical information is treated in strict confidence.

**KEEPING YOUR APPOINTMENTS:** Patients are required to be on time for their appointments. We allow a twenty-minute grace period, after which, the patient receives a broken appointment and the chair reservation is removed. If you find that you are unable to keep an appointment, you agree to notify the student dentist or the appointment assistant at least 24 hours in advance to avoid a broken appointment. There will be a charge of \$15 for each broken appointment or each instance of cancellation with less than 24 hours advanced notice. TWO such attendance violations or repeated unsuccessful attempts to arrange for an appointment cause a patient to be discontinued from the Buchanan Dental Center.

**Patient Signature:**

**Date**

If signed by other than the patient, indicate relationship: Parent/guardian/conservator:

**FEDERAL PRIVACY NOTIFICATION:** Public Law 93-579, referred to as the Federal Privacy Act, became effective September 27, 1975. Section 7(b) of this law requires that any Federal, State, or local government agency which requests an individual to disclose his/her Social Security Number shall inform that individual whether that disclosure is mandatory or voluntary, by what statute or other authority it is solicited and what uses will be made of it.

The Social Security Number is used by the University of California, San Francisco School of Dentistry to process dental insurance claims.

University of California, San Francisco  
School of Dentistry

**BUCHANAN DENTAL CENTER FINANCIAL POLICIES**

As a state institution, we are obligated to charge patients for dental services. We strive to provide services at a reasonable cost. However, as cost to provide dental care increases, the School is obligated to raise fees periodically. Fees for dental procedures initiated prior to increases will be honored as the fee in effect at the time treatment is initiated (as long as no significant interruption in care occurs). Treatment planned prior to but started after the fee increase will be charged at the increased fee. Our Financial Assistant is available to answer questions and assist you. Please be aware of the following policies:

**FOR THOSE PATIENTS WITHOUT DENTAL INSURANCE:**

Fees are due at the beginning of *each* dental procedure. However, complex/multi-appointment services (e.g., crown, bridge, denture or root canal procedures) require payment of 50% of the fee at the time of the start of treatment. The remaining balance for that treatment is due at the time the *restoration* treatment is completed or the *appliance* (complete denture, partial denture, crown, etc.) is delivered.

We also offer for your convenience the ability to finance your dental care by using a major credit card (*Visa, MasterCard, American Express, Discover*).

**FOR THOSE PATIENTS WITH DENTAL INSURANCE:**

Most dental insurance benefits are subject to limitations, exclusions, deductibles, co-payments and maximum benefit coverage. In order to obtain your dental benefits, your insurance carrier often requires us to provide information before initiating treatment (preauthorization) for more complicated dental procedures. If payment for treatment is approved, you will be required to pay your "co-payment" only. If you elect not to have your treatment preauthorized (some treatment does not require preauthorization) you will be required to pay for your dental treatment as it is completed. If you have made an overpayment because of your insurance benefit payment, you will be reimbursed. If your insurance company denies payment for any procedure because of a change in your benefits or eligibility, you are responsible for the full cost of the treatment.

**FOR THOSE PATIENTS WITH DENTI-CAL:**

You are required by the State of California to provide us with beneficiary eligibility information with your Medi-Cal Identification Card for each visit in order to receive dental services under the Medi-Cal Dental Program (Dental-Cal). Your eligibility is determined at each visit by scanning your card at the reception desk. Failure to verify your eligibility will make you personally responsible for any treatment provided at the School.

The Denti-Cal program does not cover many procedures. If you elect to have treatment that is not a covered benefit, you are responsible for the full cost of the treatment. Furthermore, if Denti-Cal denies payment for covered benefits due to a change in your eligibility, you are responsible for the full cost of the treatment.

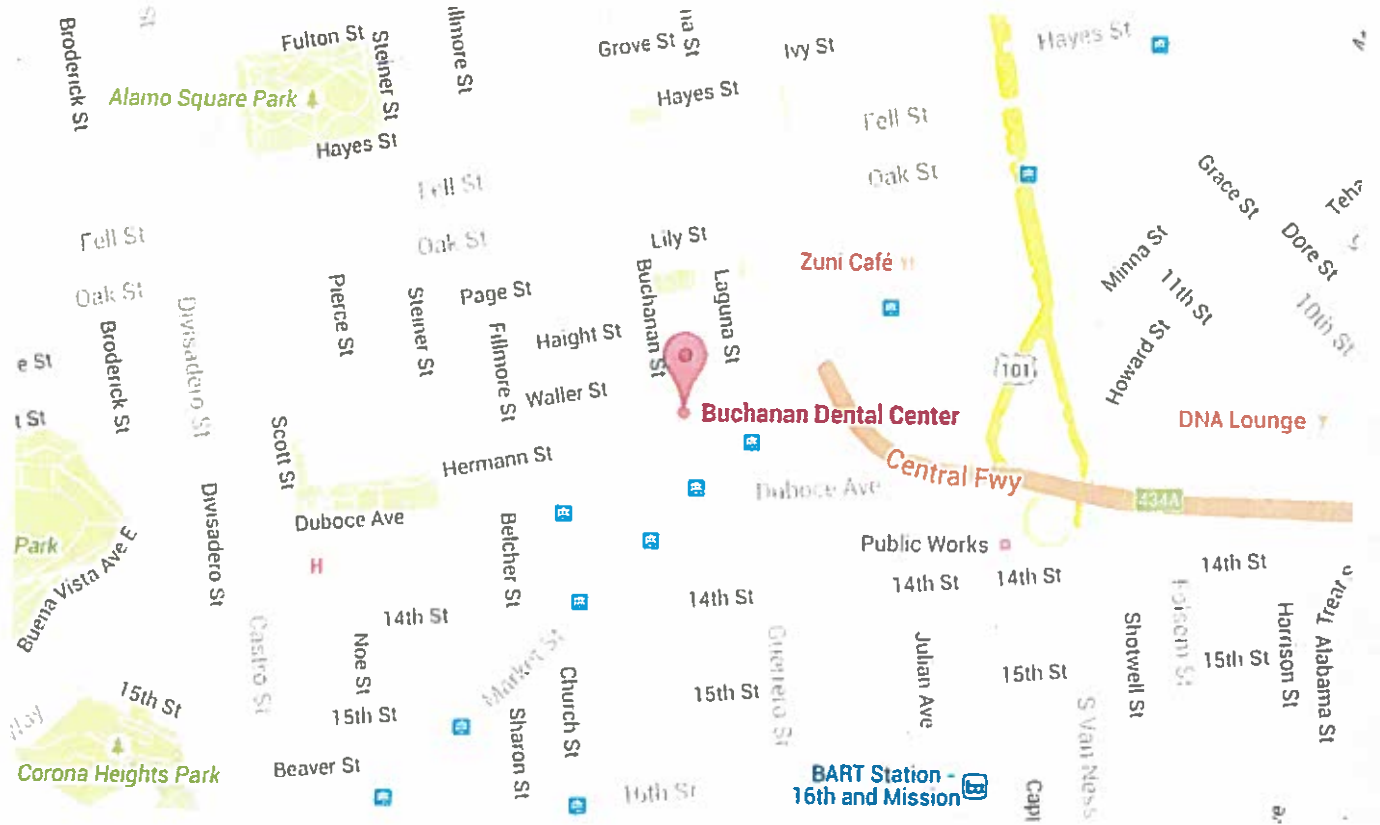
*The undersigned certifies that he/she has read and understands the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.*

Signature of Patient/Parent/Guardian/Conservator

Date July 22, 2015

# Buchanan Dental Center

100 Buchanan St, San Francisco, CA 94102  
(415) 476-5609



Parnassus UCSF Dental Center  
New Patient Information & Map

IPCOM

The logo for IPCOM features the letters 'I', 'P', 'C', and 'M' in a dark red, serif font. The letter 'O' is replaced by a circular emblem with a complex, repeating floral or geometric pattern in a lighter shade of red.

University of California  
San Francisco



School of Dentistry

## NEW PATIENT INFORMATION

Welcome to the UCSF School of Dentistry Dental Clinics!

We are located at 707 Parnassus Avenue, San Francisco, California 94143-0752. For information and or appointments in our clinic, please call (415)476-1891 or visit our website [http://dentistry.ucsf.edu/patients/patients\\_main.html](http://dentistry.ucsf.edu/patients/patients_main.html)

Dental care in the *Predoctoral practice* is provided by dental students under the direct supervision of faculty dentists. The purpose of your first visit with us is to assess your overall dental conditions and report our limited findings. **There is a \$11 fee for this assessment.** In addition, our evaluation allows us to determine which of our three clinical practices would best fit your needs if you choose to become a patient in the School of Dentistry. Our three practices are: the Predoctoral Clinic, the Postgraduate Clinics, and the Faculty Group Practices. While it takes longer to complete treatment than in a private office (most appointments last approximately three hours), the fees in the Predoctoral clinic are generally less than the cost of a private office. Patients with complex dental or health conditions or treatment needs are beyond the scope of the Predoctoral Clinics. These patients will be referred to more advanced providers. When the initial evaluation is completed you will be assigned to one of our three practices based on a discussion with you about which practice best fits your dental and health needs. If you become a patient in the Predoctoral clinic, you will be assigned to a primary and possibly a secondary student co-provider.

You will be given an appointment as soon as possible. Please be prompt or early to your appointed time, which is reserved for you. If you are unable to keep your appointment, please call us at (415) 476-1891 so that we can reschedule your appointment. **There will be a charge of \$10 for each broken appointment or when you cancel your appointment with less than 24 hours advance notice. The dental chair assigned for you and your student dentist is reserved until twenty minutes after your appointed time. After that, the chair is reassigned to another student-dentist and you will be charged a broken appointment.**

Your first appointment as a *patient of record* in the Predoctoral clinic will be to start your comprehensive oral examination (complete set of X-rays are necessary), discuss our findings and formulate a plan to restore your dental health and implement preventive care to reduce or eliminate future dental disease. We encourage you to ask questions if you need information or clarification on our clinic policies, procedures or treatment modalities. If you have x-rays from a previous dentist, please bring them with you if possible. If you do not have recent, acceptable x-rays, we can take them at the school.

**Treatment in the Predoctoral Clinics must be paid in-full at the time of service. We cannot make future appointments for patients with an account balance. As a convenience for our patients, we do accept major credit cards and checks.**

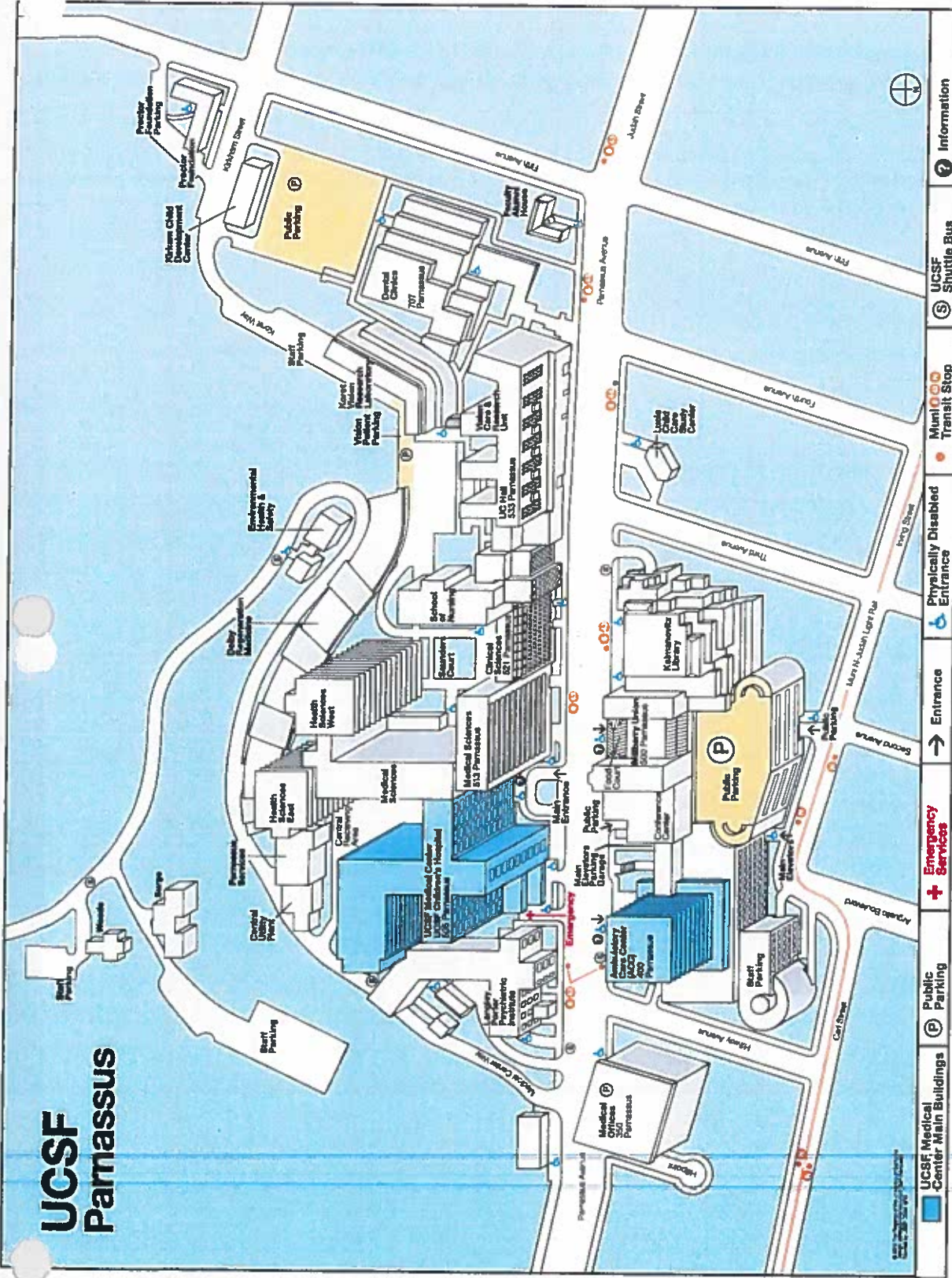
If you are referred to either a Postgraduate or Faculty dental practice, you will be given the appropriate telephone number to call at your convenience to schedule a comprehensive examination or consultation appointment.

Dental care in the *Postgraduate Clinics* is provided by dentists taking advanced training in specialty areas. The fees are higher than the Predoctoral clinic, but less than those of a private dentist.

Dental care in the *Faculty Group Practices* is provided by the teaching faculty in group dental practice settings and the fees are similar to those in the community.



# UCSF Pamassus



- Ambulatory Care Center (A)**  
400 Pamassus Avenue
- UCSF Medical Center**
- UCSF Children's Hospital**  
505 Pamassus Avenue
- Long Building (L)
- Moffitt Building (M)
- Central Utility Plant  
25 Medical Center Way
- Clinical Sciences Building (C)**  
521 Pamassus Avenue
- Dental Clinics Building (D)**  
707 Pamassus Avenue
- Dolby Regeneration Medicine (RIM)**  
35 Medical Center Way
- Environmental Health & Safety (EHS)**  
50 Medical Center Way
- Faculty Alumni House (FA)  
745 Pamassus Avenue
- Health Sciences East (HSE)**
- Health Sciences West (HSW)**
- Kirkham Child Development Center (KCDC)**  
10 Kirkham Street
- Koret Vision Research Lab (K)**  
10 Koret Way
- Beckman Vision Center
- Langley Porter Psychiatric Institute (LPIPI)**  
401 Pamassus Avenue
- Lucia Child Care Study Center (CCC)**  
610 Pamassus Avenue
- Medical Sciences Building (S)**  
513 Pamassus Avenue
- Milberry Union (MU)**  
500 Pamassus Avenue
- Conference Center
- Food Court
- Pamassus Services Building (PS)**  
30 Medical Center Way
- Proctor Foundation (PF)**  
95 Kirkham Street
- Public Parking (P)**  
• Main Parking Garage  
Center on Irving St. and 2nd Ave.  
or on Pamassus Ave.
- Dental Clinics Building Lot  
Center on Kirkham St.
- Vision Patient Parking Lot  
Center on Kirkham St.
- Parnassus Services Building (PS)**  
30 Medical Center Way
- Proctor Foundation (PF)**  
95 Kirkham Street
- Public Parking (P)**  
• Main Parking Garage  
Center on Irving St. and 2nd Ave.  
or on Pamassus Ave.
- Dental Clinics Building Lot  
Center on Kirkham St.
- Vision Patient Parking Lot  
Center on Kirkham St.
- School of Nursing (M)**  
2 Koret Way
- Surge Building (SU)**  
90 Medical Center Way
- UC Hall (U)**  
533 Pamassus Avenue
- Beckman Vision Center
- Faculty Practice Offices
- Toland Hall
- Woods Building (W)**  
100 Medical Center Way
- 350 Pamassus Avenue**  
• Medical Offices  
(leased; fee parking available)

UCSF Medical Center Main Buildings  
 Public Parking  
 Emergency Services  
 Entrance  
 Physically Disabled Entrance  
 Muni Transit Stop  
 UCSF Shuttle Bus  
 Information

UCSF School of Dentistry  
Patient Registration Form

IPCOM

The logo for IPCOM features the letters 'I', 'P', 'C', and 'M' in a dark red, serif font. The letter 'O' is replaced by a circular emblem with a complex, interlocking pattern of red and gold lines, resembling a stylized floral or geometric design.



THANK YOU FOR THE OPPORTUNITY TO SERVE YOU!

Z:\CLINICS\MANUAL\Financial Section\New Patient Info\_Registration  
Form\_Revised.doc 7/28/2008

UCSF SCHOOL OF DENTISTRY



Patient Registration Form

CONFIDENTIAL

Date \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First MI

2. Gender (Circle) Male Female Transgender

3. Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

4. Street Address: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please place an asterisk ( \* ) Next to the best phone number to contact you below!

6. Home Phone: ( ) \_\_\_\_\_ Work Phone : ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

7. Do you have Denti-Cal (Welfare) or Private Insurance (Circle): Yes No  
"Please present Denti-Cal-Card/Insurance Card and Valid California ID to the staff"

8. Disability(circle) Yes No If yes, please indicate: Partial Total  
Temporary Permanent

9. Please select your racial background (You may select more than one):

- |  |  |
|--|--|
| <input type="checkbox"/> African-American/Black/Haitian              | <input type="checkbox"/> Hawaiian                |
| <input type="checkbox"/> American Indian /Native Amer/Alaskan Native | <input type="checkbox"/> Indian                  |
| <input type="checkbox"/> Bangladeshi                                 | <input type="checkbox"/> Indonesian              |
| <input type="checkbox"/> Burmese/Myanmarese                          | <input type="checkbox"/> Japanese                |
| <input type="checkbox"/> Caucasian /white/Middle Eastern             | <input type="checkbox"/> Korean                  |
| <input type="checkbox"/> Chinese                                     | <input type="checkbox"/> Laotian                 |
| <input type="checkbox"/> Central American                            | <input type="checkbox"/> Malaysian               |
| <input type="checkbox"/> Cuban                                       | <input type="checkbox"/> Mexican/Latino/American |
| <input type="checkbox"/> Fijian                                      | <input type="checkbox"/> Other Asian             |
| <input type="checkbox"/> Filipino                                    | <input type="checkbox"/> Pakistani               |

Guamanian         Thai         Do not wish to respond

10. In order to IMPROVE our oral health services for you-our patients-please indicate the languages you speak, and if you need a clinician who speaks this language.

Language Spoken: Mark ALL that apply.

English         Mandarin         Farsi         Tagalog  
 Spanish         Korean         Tagalog         Hindi  
 Cantonese         Russian         Other \_\_\_\_\_

Do you need an interpreter? (circle)        Yes        No

11. How do you hear from about UCSF Dental School: \_\_\_\_\_

**Emergency Contact Information**

Name of significant other/closest relative \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In Case we cannot reach this contact person; Back -up person contact:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Financial Responsible Party** ( If it is the same as the patient, proceed to Insurance Information).

Name: \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
                                Last                          First                          MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Work number: ( ) \_\_\_\_\_

Cell number: ( ) \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Dental Insurance Information**

Insurance Name: \_\_\_\_\_ Group number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone number:( ) \_\_\_\_\_

Do you have other DENTAL coverage?(circle)        Yes        No

If yes, please fill out the information below for the second coverage.

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                                Last                          First                          MI

Social Security #: \_\_\_\_\_ Gender: Male Female Transgender

Phone number: ( ) \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Group number \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

UCSF School of Dentistry  
Patient Medical History Form

IPCOM

The logo for IPCOM features the letters 'I', 'P', 'C', and 'M' in a dark red, serif font. The letter 'O' is replaced by a circular emblem with a complex, interlocking floral or geometric pattern in shades of red and orange.



**UCSF SCHOOL OF DENTISTRY**  
**Medical History**

**CONFIDENTIAL**

Consents/Cultural Considerations

1. Do you sign your own consents for health care? Y N  
 a. If you are completing these forms for the patient, please print your name and state your relationship to the patient? (Specify) \_\_\_\_\_
2. Which languages do you speak? \_\_\_\_\_
3. Do you have any personal or cultural health beliefs that are important for us to know? Y N  
 a. If yes, please specify: \_\_\_\_\_
4. In case of an emergency, whom should we contact? (Name) \_\_\_\_\_  
 a. What is his/her phone number? (Specify) \_\_\_\_\_  
 b. Relationship to patient? Spouse \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Son \_\_\_\_\_  
 Daughter \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Medical History

5. Has there been a change in your general health within the last year or since your last visit? Y N  
 a. If yes, please specify: \_\_\_\_\_
6. When was your last complete medical examination? Specify Year \_\_\_\_\_ Do not remember \_\_\_\_\_  
 Have you had any illness, condition or accident that required surgery or hospitalization in the past 2 years? Y N  
 a. If yes, please specify: \_\_\_\_\_
8. Do you have any surgery or hospitalization planned? If yes, please specify \_\_\_\_\_ Y  
 N
9. Do you currently have a physician or primary care doctor? Y N  
 a. Name, Location and Phone Number: \_\_\_\_\_
10. Do you have any medical problems requiring ongoing care and monitoring? Y N  
 a. If yes, please specify: \_\_\_\_\_

**Illnesses:** Do you have or had in the past any of the following?

11. Blood Disease, Condition, or Bleeding disorder? Y N  
 o Anemia o Multiple myeloma  
 o Bleeding Disorder (Specify) \_\_\_\_\_ o Sickle cell disease  
 o Deep vein thrombosis o Von Willebrand's disease  
 o Leukemia (Specify type) \_\_\_\_\_ o Other (Specify) \_\_\_\_\_ o  
 Lymphoma (Specify type) \_\_\_\_\_
- 
12. Cancer or Tumor? Y N  
 o Benign or Malignant (Specify) \_\_\_\_\_  
 o Location of tumor (Specify) \_\_\_\_\_  
 \_\_\_\_\_ o Date of diagnosis  
 \_\_\_\_\_ o Type of treatment  
 (Specify) \_\_\_\_\_

- Surgery Y    N
- Radiation Y    N
- Chemotherapy Y    N
- Other (Specify) \_\_\_\_\_

13. Eating Disorder? Y    N
- Anorexia  Bulimia
  - Other (Specify) \_\_\_\_\_

14. Emotional disorders? Y    N
- ADD/ADHD
  - Anxiety
  - Bipolar/Manic-depressive \_\_\_\_\_
  - Depression
  - Post-traumatic stress disorder
  - Schizophrenia
  - Other (Specify) \_\_\_\_\_

15. Endocrine disease? Y    N
- Adrenal gland disorder (Specify) \_\_\_\_\_
  - Diabetes
    - Type 1
    - Type 2
    - Gestational
    - Blood Sugar Level (Specify) \_\_\_\_\_
    - A1c level (Specify) \_\_\_\_\_
  - Thyroid problems
    - Hypothyroidism
    - Hyperthyroidism
    - Other (Specify) \_\_\_\_\_

- Gastrointestinal (stomach, intestine, or colon)? Y    N
- reflux (GERD) Acid
- Ulcers
  - Other (Specify) \_\_\_\_\_

17. Heart Disease? Y    N
- Angina (chest pain)
  - Arrhythmia (irregular heart beat)
  - Blood pressure \_\_\_\_\_
  - Congenital heart defect
  - Pacemaker
  - Heart attack: Date(s) \_\_\_\_\_
  - Heart failure
  - High blood pressure (hypertension)
  - Implanted defibrillator
  - Artificial heart valves
  - Low blood pressure
  - Congenital heart defect
  - Mitral valve prolapsed
  - Coronary heart disease
  - Rheumatic heart disease
  - Other (Specify) \_\_\_\_\_

18. Infectious disease? Y    N
- Methicillin-Resistant Staphylococcus Aureus (MRSA)
  - HIV
  - Human Papillomavirus (HPV)
  - Immunosuppression
  - Oral herpes
  - Mononucleosis
  - Syphilis
  - Other (Specify) \_\_\_\_\_

19. Kidney disease or disorder? Y    N
- Renal failure/insufficiency
  - Other (Specify) \_\_\_\_\_

- Liver disease such as cirrhosis or hepatitis? Y    N
- Cirrhosis

Hepatitis (Circle one) A B C D Other Hepatitis (Specify) \_\_\_\_\_  Other (Specify) \_\_\_\_\_

21. Lung breathing or sinus problems, respiratory diseases or conditions? Y N  
 Asthma  Sleep apnea  Bronchitis  
 Tuberculosis  Pneumonia  Sinusitis  Emphysema  
(Specify) \_\_\_\_\_  Sarcoidosis  Other

22. Muscle/bone/connective tissue disease or disorder? Y N  
 Arthritis (Specify type) \_\_\_\_\_  Osteoporosis  
 Fibromyalgia  Scleroderma  
 Lupus  Sjogren's Syndrome  
 Osteonecrosis  Other (Specify) \_\_\_\_\_

23. Neurologic (nerve) diseases or conditions? Y N  
 Dementia/Alzheimer's  Seizures/Epilepsy  Grand mal  
Multiple sclerosis  Petite mal  Parkinson's  
 Nerve pain (Specify) \_\_\_\_\_  Other (Specify) \_\_\_\_\_  
 Stroke  TIA (transient ischemic  
attack)  Other (Specify) \_\_\_\_\_

24. Organ transplant? Y N  
 Date: \_\_\_\_\_  Which organ(s)? \_\_\_\_\_  Other \_\_\_\_\_  
(Specify) \_\_\_\_\_

Prosthetics (artificial) joints, knees, or hips? Y N  Knees  Hips  
 Other (Specify) \_\_\_\_\_

FOR WOMEN

26. Are you trying to become pregnant? Y N 27. Are you currently pregnant? Y N  
If yes, number of weeks pregnant? \_\_\_\_\_ Expected due date? \_\_\_\_\_

28. Are you currently breastfeeding? Y N

MEDICATIONS

29. Do you take any prescribed medications? Y N  
Please list all prescribed medications including dose and frequency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please list all over the counter vitamins, supplements or herbal remedies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES

30. Are you allergic or had a bad reaction to any of the following? Y N  
 Antibiotics (Specify antibiotic and reaction) \_\_\_\_\_   
 Local anesthetics ((Specify anesthetic and reaction) \_\_\_\_\_   
 Latex (rubber) (Describe reaction) \_\_\_\_\_   
 Metals (Specify metal and reaction) \_\_\_\_\_

- Pain medications (Specify medication and reaction) \_\_\_\_\_  
 Other medications (Specify medication and reaction) \_\_\_\_\_

SOCIAL HISTORY

11. Do you use or have you used tobacco (smoking, snuff, chew, bidis)? Y N

Past Use (Check all that apply)

- Bidis Specify amount per day \_\_\_\_\_ How many yrs? \_\_\_\_\_ When did you stop? \_\_\_\_\_  
 Chewing tobacco Specify amount per day \_\_\_\_\_ How many yrs? \_\_\_\_\_ When did you stop? \_\_\_\_\_  
 Smoking Specify amount per day \_\_\_\_\_ How many yrs? \_\_\_\_\_ When did you stop? \_\_\_\_\_  
 Snuff Specify amount per day \_\_\_\_\_ How many yrs? \_\_\_\_\_ When did you stop? \_\_\_\_\_

Currently Using (Check all that apply)  Bidis Specify amount per day: \_\_\_\_\_  
 How many yrs? \_\_\_\_\_  Chewing tobacco Specify amount per day: \_\_\_\_\_  
 How many yrs? \_\_\_\_\_  Smoking Specify amount per day: \_\_\_\_\_  
 How many yrs? \_\_\_\_\_  Snuff Specify amount per day: \_\_\_\_\_ How many yrs? \_\_\_\_\_

32. Are you interested in stopping tobacco use? Y N

33. Do you drink alcoholic beverages? Y N

- How many drinks do you typically have in a day? \_\_\_\_\_  
 How many drinks do you typically have in a week? \_\_\_\_\_

Have you received treatment for alcohol dependence condition?  
Y N

Are you interested in stopping alcohol abuse? Y N

35. Do you use prescription drugs, street drugs or other substances for recreational purposes? Y N

- Cocaine (Specify frequency) \_\_\_\_\_  Heroin (Specify frequency) \_\_\_\_\_  
 Ecstasy (Specify frequency) \_\_\_\_\_  Oxycontin (Specify frequency) \_\_\_\_\_  
 Marijuana (Specify frequency) \_\_\_\_\_  Other (Specify frequency) \_\_\_\_\_  
 Methamphetamine (Specify frequency) \_\_\_\_\_

36. Are you interested in stopping drug abuse? Y N

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## A look at toothbrushes

**T**oothbrush design and materials have come a long way. Early forms of the toothbrush have existed for nearly 5000 years. Some ancient civilizations removed food with a "chew stick," a thin twig with a frayed end that was rubbed against the teeth. During the last century or so, toothbrushes were crafted with bone, wood or ivory handles that held the stiff bristles of hogs, boars or other animals. The nylon-bristled toothbrush, as we know it today, was invented in 1938.

### WHAT KIND OF TOOTHBRUSH SHOULD YOU CHOOSE?

There are two types of toothbrushes: manual and powered. The size and shape of the brush should fit your mouth comfortably, allowing you to reach all areas easily. Your dentist may offer suggestions about which type is suitable for your needs. No matter what type of toothbrush you choose, the American Dental Association recommends that you brush twice a day with a fluoride toothpaste to clean your teeth thoroughly and to provide fluoride protection against decay.

Look for toothbrushes that display the ADA Seal of Acceptance. The Seal assures you that the product has been evaluated by an independent body of scientific experts—the ADA Council on Scientific Affairs—for safety and effectiveness according to objective guidelines. To qualify for the Seal of Acceptance, the company must show that all of the toothbrush components are safe for use in the mouth. This means that the bristles are free of sharp or jagged edges and endpoints; the handle material is tested by the manufacturer to show durability under normal use; the bristles won't fall out with normal use; and the toothbrush can be used without supervision by the average adult to provide a significant decrease in mild periodontal (gum) disease and plaque.

Powered toothbrushes also must meet the requirements of a safety laboratory such as Underwriters Laboratories, Northbrook, Ill. The manufacturers of powered toothbrushes also must

provide evidence from at least one clinical investigation (research using human volunteers) to show that the product is safe for both soft and hard oral tissues and dental restorations.

Both manual and powered toothbrushes can effectively and thoroughly clean teeth. People who have difficulty using a manual toothbrush may find a powered toothbrush easier or more comfortable to use. Children may find that brushing with a powered toothbrush is fun. Whether you decide on manual or powered, choose a toothbrush that you like and find easy to use so that you'll use it twice a day to thoroughly clean all of your tooth surfaces.

### HOW CAN YOU KEEP YOUR TOOTHBRUSH CLEAN?

Rinse your toothbrush with tap water after brushing to remove any remaining toothpaste and debris. Store the brush in an upright position if possible and allow it to air dry until using it again. If more than one toothbrush is stored in the same holder or area, keep the brushes separated.

Do not routinely cover toothbrushes or store them in closed containers. A moist environment, such as a closed container, is more conducive to the growth of microorganisms than is the open air.

Replace toothbrushes every three to four months. The bristles become frayed and worn with use and will be less effective at cleaning teeth. Toothbrushes wear more rapidly depending on factors unique to each patient. Check toothbrushes often for worn bristles and replace them more frequently if needed. Children's toothbrushes may need to be replaced more frequently than adults' toothbrushes.

For a list of oral hygiene products displaying the ADA Seal of Acceptance, visit "[www.ada.org/ada/seal/index.asp](http://www.ada.org/ada/seal/index.asp)". ■

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"For the Dental Patient" provides general information on dental treatments to dental patients. It is designed to prompt discussion between dentist and patient about treatment options and does not substitute for the dentist's professional assessment based on the individual patient's needs and desires.

## Oral moisturizers Products that can help relieve dry mouth

**S**aliva coats and lubricates tissues in the mouth. It helps cleanse the mouth and begins the digestive process as you chew. Speaking, chewing and swallowing all are made easier when the mouth is moist. When saliva glands do not work properly, the mouth becomes dry.

Artificial saliva is a product that is used to help relieve dry mouth. It is available in an aerosol or a liquid that is squirted into the mouth.

### WHAT IS DRY MOUTH?

Dry mouth results from an inadequate flow of saliva. Drying irritates the soft tissues in the mouth, which can make them inflamed and more susceptible to infection. Severe dry mouth can promote the growth of harmful organisms. Without the cleansing and shielding effects of adequate salivary flow, caries (tooth decay) and periodontal (gum) disease become much more common. Constant dryness and the lack of protection provided by saliva contribute to bad breath. Dry mouth also causes full dentures to become less comfortable because there is no thin film of saliva to help them adhere properly to oral tissues.

### HOW DOES ARTIFICIAL SALIVA DIFFER FROM REAL SALIVA?

Artificial saliva is not a perfect substitute for natural saliva, which is complex physically and chemically. Although more than 99 percent of saliva is water, saliva also contains buffering agents, enzymes and minerals that keep teeth strong and play a crucial role in maintaining a healthy mouth. Artificial salivas typically contain a mixture of buffering agents, cellulose derivatives (to increase stickiness and moistening ability) and flavoring agents (such as sorbitol). However, they do not contain the digestive

and antibacterial enzymes and other proteins or minerals present in real saliva. Research is under way to try to develop artificial salivas that more closely mimic natural saliva.

Artificial saliva can be used as often as needed. Saliva substitutes are swallowed quickly and, therefore, the moistening and lubricating action has limited duration. Repeated applications may be needed. Although saliva substitutes will not cure dry mouth, they can provide temporary relief of some symptoms.

Artificial saliva does not require a prescription, but it may be difficult to find on store shelves. Check with your pharmacist if you don't see it displayed with other oral hygiene products.

### HOW DOES ARTIFICIAL SALIVA RECEIVE THE AMERICAN DENTAL ASSOCIATION SEAL OF ACCEPTANCE?

A company earns the American Dental Association (ADA) Seal of Acceptance for its product by producing scientific evidence that the product is safe and effective. The Seal is your assurance that the artificial saliva has been evaluated by an independent body of scientific experts—the ADA Council on Scientific Affairs—for safety and effectiveness.

Look for the ADA Seal statement on the product's packaging or label. The statement explains why the ADA has given the Seal to the product. You also can be assured that all claims on packaging and con-

tainer labeling have been reviewed and approved by the ADA. Products with the prestigious ADA Seal must say what they do and do what they say.

For more information, visit "www.ada.org/goto/seal". ■

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## Healthy mouth, healthy body

**T**he mouth is a window into the health of the body. It can show signs of nutritional deficiencies or general infection. For example, systemic diseases—those that affect the entire body, such as diabetes, AIDS and Sjögren's syndrome—may first become apparent because of mouth lesions or other oral problems.

The mouth is filled with countless bacteria, some linked to tooth decay and periodontal (gum) disease. Researchers have found that periodontitis (the advanced form of periodontal disease that can cause tooth loss) is linked with other health problems, such as cardiovascular disease, stroke and bacterial pneumonia. Likewise, pregnant women with periodontitis may be at increased risk of delivering preterm and/or low-birth-weight infants.

### EXPLORING POSSIBLE LINKS

More studies are needed, but some researchers suspect that bacteria and inflammation linked to periodontitis play a role in some systemic diseases or conditions. Likewise, diseases such as diabetes, blood cell disorders, HIV infections and AIDS can lower the body's resistance to infection, making periodontal diseases more severe.

Several studies link chronic inflammation from periodontitis with the development of cardiovascular problems. Some evidence suggests that oral bacteria may be linked to heart disease, arterial blockages and stroke.

People with diabetes often have periodontal disease. In addition, there is evidence that people with diabetes are more likely to develop and have more severe periodontitis than those without diabetes. Some studies suggest that periodontitis can make it more difficult for people with diabetes to control their blood sugar.

Although periodontitis may contribute to these health conditions, it's important to understand that just because two conditions occur at the same time, it doesn't necessarily mean that one condition causes the other. That's why researchers are examining what happens when periodontitis is treated in people with these various health problems.

### WHAT YOU CAN DO

Given the potential link between periodontitis and systemic health problems, prevention may be an important step in maintaining overall health.

Brush your teeth thoroughly twice a day. Clean between your teeth with floss or another type of interdental cleaner once a day. Your dentist may recommend using an antimicrobial mouthrinse as part of your daily oral hygiene routine.

Choose dental products with the American Dental Association's Seal of Acceptance, an important symbol of a dental product's safety and effectiveness.

Eat a balanced diet and limit snacks, which may reduce your risk of developing tooth decay and periodontal disease.

Schedule regular dental checkups. Professional cleanings are the only way to remove calculus (tartar), which traps plaque bacteria along the gum line.

If you notice any of these signs, see your dentist:

- gums that bleed during brushing and flossing;
- red, swollen or tender gums;
- gums that have pulled away from your teeth;
- persistent bad breath;
- pus between your teeth and gums;
- loose or separating teeth;
- a change in the way your teeth fit together when you bite;
- a change in the fit of partial dentures.

Tell your dentist about changes in your overall health, particularly any recent illnesses or chronic conditions. Provide an updated health history, including medication use—both prescription and over-the-counter products. If you use tobacco, talk to your dentist about options for quitting.

If you are pregnant or thinking about becoming pregnant, pay particular attention to your teeth and gums. That's because pregnancy—and the changing hormone levels that occur with it—can exaggerate some dental problems. Taking good care of your oral health is important for you and your infant. ■

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Tooth Decay

WHAT IS TOOTH DECAY?

Tooth decay happens when acids wear away the tooth's hard surface layer, called enamel. These acids are made by a sticky film called plaque. Plaque has germs that feed on sugary foods. The process of digesting these sugars makes acids that attack tooth surfaces.

Over time, tooth decay can cause holes in the tooth surface. These are called cavities. If left untreated, cavities can get bigger. They can even destroy the tooth.

If you think you have a cavity, see your dental team. Your dentist is likely to put in a filling. Fillings may stop the cavity from getting bigger.

Acids constantly attack your tooth surfaces, but tooth decay doesn't happen all at once. That's because other elements in your mouth work to strengthen your teeth and stop the tooth decay process. One of these elements is saliva. Saliva has minerals that help strengthen tooth surfaces. Fluoride, a natural mineral that is often added to water and found in toothpaste, also helps to make teeth stronger.

Dentists check for tooth decay and cavities

4 stages of tooth decay



Stage 1

The dull spot on the tooth's surface may be decay. Brushing with a fluoride toothpaste and flossing may prevent it from becoming a cavity.



Stage 2

The decay is now a cavity. It has gone through the tooth's hard surface layer.



Stage 3

Now that the cavity has reached the softer layer of the tooth, it will get bigger faster.



Stage 4

If the cavity is not filled, it can cause bigger problems deeper in the tooth. This is why it's important to see your dental team regularly.

If you do have tooth decay, your dental team may talk to you about fillings, fluoride, or other treatment choices.

Here are some tips to help prevent tooth decay:

- Don't eat a lot of sugary foods. Cut down on snacks between meals. This will help prevent plaque from making acid. It will also reduce the number of times your teeth are exposed to acids.
- Eat a diet high in calcium. Calcium helps strengthen tooth surfaces.

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- **Drink plenty of water, especially if you take certain medicines.**  
Some medicines can decrease the amount of saliva your body makes. This may put you at greater risk for tooth decay.
- **Use a toothpaste and mouthwash with fluoride.**  
Fluoride helps make tooth surfaces harder and stronger.
- **Visit your dental team at least twice a year.**  
They will clean your teeth and check for cavities.

**Quick facts about tooth decay**

- Tooth decay happens when acids wear away the tooth's hard surface layer.
- Tooth decay can cause holes in your teeth. These are called cavities.
- Tooth decay can be avoided by brushing twice a day with a fluoride toothpaste and flossing between teeth.
- Toothpastes and mouthwash with fluoride can also help strengthen teeth and help fight tooth decay.

For more tips on how to prevent tooth decay, talk to your dental team or visit [www.oralb.com](http://www.oralb.com).

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How Do I Brush and Floss?

HOW DO I BRUSH AND FLOSS?

The best way to take care of your mouth is to brush and floss twice a day

This helps remove the sticky film called plaque that collects on teeth and gums. Plaque makes acids and toxins that can damage your teeth and gums

Using a mouthwash can also help fight plaque. If you're not sure what kind to use, ask your dental team

Here are some ways to get the most out of your brushing routine:

- Brush for at least 2 minutes, twice a day, with a fluoride toothpaste. Pay special attention to your back teeth, which may have more plaque on them
- Use a toothbrush with soft bristles. Brush with gentle strokes so you don't wear away your gums or teeth
- Change your toothbrush every 3 months. Bristles that are worn remove less plaque
- Brush your tongue to help freshen your breath. Brush from back to front using a gentle sweeping motion



Are you holding your toothbrush correctly? Here are some tips:

Hold your toothbrush at a 45-degree angle to your gumline. Brush 2 or 3 teeth at a time. Move the toothbrush from the gums toward the edge of the teeth

Hold the toothbrush vertically to clean behind your upper and lower front teeth. Use gentle up-and-down strokes with the tip of your toothbrush



Flossing helps keep teeth and gums healthy

Flossing every day removes plaque along the gumline and between teeth

To floss correctly, follow these steps:

- Wind floss around your middle fingers
- Use your thumbs and index fingers to guide floss between teeth
- Wrap the floss around the sides of each tooth, making a "C" shape. This will help ensure that you get between gums and teeth.

Here are some other flossing tips:

- Check your gums in the mirror while you floss. Your gums should be firm and pink. If they are red, swollen or bleeding, see your dental team.
- Don't stop flossing if your gums bleed. Flossing can improve the health of your gums and help them stop bleeding

For a healthier mouth, consider using a electric rechargeable toothbrush.

Most electric chargeable toothbrushes remove more plaque than manual toothbrushes. Some also have built-in features that help protect teeth and gums

To use a electric chargeable toothbrush:

- Guide the brush head from tooth to tooth. Simply move the brush head against each tooth for a few seconds and let the mechanical movement of the brush provide the cleaning action.
- Gently direct the brush head along the gumline. Follow the natural curve of your mouth.
- Sweep the brush head along your tongue to freshen your breath.

Quick tips for better oral health

- The best way to take care of your mouth is to brush with a fluoride toothpaste and floss your teeth twice a day
- Using mouthwash can also help fight plaque and freshen your breath.

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- Hold your manual toothbrush at a 45-degree angle to your gumline.
- When flossing, form a "C" shape around each tooth.
- For a healthier mouth, consider using an electric chargeable toothbrush. Most electric chargeable toothbrushes remove more plaque than manual toothbrushes.

For more tips on brushing and flossing, talk to your dental team or visit [www.oralb.com](http://www.oralb.com).

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