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Patient Information Sheet

Welcome to a side of dentistry that is possibly different from what you have previously experienced. When you wish to have the best possible outcome from aesthetic or reconstructive treatment in your mouth (ie: involving many teeth), it requires the gathering of much more information than a basic oral health assessment.

This is *NOT* tooth-by-tooth dentistry. It is *COMPREHENSIVE* dentistry, and as such, the proposed solution(s) that we will design for you are intended to work as a package. A good analogy would be the inspection of a vehicle.

When inspecting a vehicle, one does not only look at each individual wheel and conclude that if there are no problems at each wheel, then there must be no problem with the vehicle. One must also ensure that the wheels are all in alignment in order to have a properly-moving car.

Similarly, when evaluating a mouth for aesthetic or reconstructive solutions, one cannot simply look at each individual tooth (wheel) in isolation; we need to ensure that all of the teeth work well with each other. This also takes into account the gums (suspension), jaw joints and muscles (drivetrain), and the face (body).

Hence, the need for a more comprehensive analysis of your mouth. This will be done in a series of steps:

- 1. A questionnaire where you will provide us with a wish list for your mouth
- 2. A quick examination for us to get our "first impressions" and to provide you with an idea of proposed treatment (this is our best guess at the time subject to change once we have all the information). There is no charge for this. If you are interested in investigating the treatment further, we will pursue formal records.
- 3. At this appointment, we will be gathering the bulk of our information. This will include plaster models, photographs, jaw relation records, a smile analysis, as well as updating of radio-graphs (X ray films), if required. There will be fees for this appointment:
  - \$340 for our exam and lab fees, not including any X ray films. If you pursue some form of treatment within one year of your treatment plan, you will be credited \$150 towards your treatment.
  - Frequently, we will need to provide a wax simulation in order to allow you to visualize your new smile. This lab fee is calculated per tooth (approximately \$35 per tooth), but again you are credited half of the fee if you pursue treatment.

- We take all of this information and are then able to formulate a treatment plan, usually with several options. Occasionally we will require further information, such as more radiographs or clinical exam data we will inform you if this is the case.
- 5. We will sit down with you and present you with the options as we see them, as well as their associated costs. Payment options will also be discussed. Questions are encouraged. Under no circumstances are you bound to follow any of the treatment.

Once you are satisfied with the option that you select, we will begin treatment.

It is most important that you are comfortable with your treatment plan, because it is difficult to change course once things are started. To follow the car analogy once more, once you have selected a type of vehicle, you can only make some changes. Motorcycle wheels will not fit on a truck.

A quick word on insurance: private insurance is more suited to the era of 1970's dentistry when the materials and techniques available were much more limited than today, and the awareness and demands of patients were much lower. Now that we can do better dentistry, insurance coverage is lagging behind further and further. When you approach the type of dentistry we are discussing for your mouth, it is seldom the case that your insurance will provide complete coverage. This simply brings dentistry into the realm of any other service not covered by insurance, like accounting, computer and internet solutions, or home renovations.

The fact that your insurance will cover a portion of these should be regarded as a bonus. (If you need a roof, and somebody offers to pay a portion of it, would you not proceed because it wasn't totally free?) We will assist you in finding out your insurance coverage, and if necessary, argue for your case.

On a personal note, I'm glad that you are willing to embrace this approach to dentistry; it is current, and it will provide you with better results. It does not mean that you will never need maintenance over time, but it should provide you with better predictability than other approaches to dentistry. My goal is to keep your teeth functioning and appearing well for as long as you need them, and comprehensive dentistry provides you with your best shot at it.

Or, put differently, I want to keep you from ending up with a unicycle.

Elston Wong DDS



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## Aesthetic and Reconstructive Worksheet - Part I Questionnaire Date

## Name

Date of Birth (DD/MM/YYYY)

Please take some time in front of a mirror to complete this form. Your most detailed input will allow us to best customize our recommendations.

What are the main concerns that you have about your smile or overall oral condition? If there are several, please indicate your highest priority.

Do you wish to	have a Hollywood smile (perfect) or a natural smile (more realistic)? Please circle.
Please rate yo	ur smile on a scale of 1-10 (10 is best) 1 2 3 4 5 6 7 8 9 10
Do you have a	history of jaw joint pain or noises? N Y explain
	history of jaw muscle pain or frequent headaches? N Y
The Stage - lij	ps and face
Do you feel tha	at your lips would look better if they were fuller? N Y
When smiling,	do you wish you show more of your teeth? N Y
Do you have a	ny other lip/facial concerns? N Y
The Backgrou	und - gingiva (gums)
When smiling,	do you show (circle) too little / satisfactory / too much gums?
Are there area	s of noticeable unevenness in your gumline? N Y
Are there area	s of recessions or visible spaces between teeth that you would like to correct? N Y
lf so, please in	dicate where (circle) Upper right Upper front Upper left
	Lower right Lower front Lower left
Do you have a	ny other concerns with your gums? N Y
The Stars - te	eth - Please critique each of the following and add your best explanations to clarify:
Length: too lo	ng/ too short / OK
Width:	too wide/ too narrow / OK
Size:	too large / too small / OK
Shape:	too square / too round / too tapered / OK
Alignment:	irregular / OK
Texture: surfac	ce irregularities? N Y
Colour:	Please list concerns.
Sensitivities to	: cold / hot / sweet / biting / spontaneous pain Where?
Missing (circle)	): Upper right Upper front Upper left
	Lower right Lower front Lower left
Do you have a addressed.	ny other concerns with your teeth? Also below, please list any other concerns that may not have