

**AUTHORIZATION FOR RELEASE  
OF IDENTIFYING HEALTH INFORMATION**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient name:

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**Are you taking any blood thinners:**

YES or NO If Yes, What is the name?

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**Prescribing Dr. and phone number:**

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**List of Medication:**

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**List any over the counter Vitamins:**

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**PERIO QUESTIONS:**

**When was your last regular cleaning?**

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**Have you ever had a deep cleaning?**

YES or NO If Yes, What is the name?

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**Perio Maintenance frequency?**

3 MONTHS   4 MONTHS   6 MONTHS

**Do you wear a night guard?**

YES OR NO

**Tooth brush type?**

SOFT   MEDIUM   HARD

**ELECTRIC:**

SONICARE   ORAL B

**How many times a day do you brush?**

1X   2X   3X   INFREQUENTLY

**Flossing?**

PICKS   WATER PICK   FLOSS   SUPER FLOSS

**How many times a day do you floss?**

1X   2X   3X   INFREQUENTLY

**Bleeding gums?**

YES OR NO

**Bad breath?**

YES OR NO

**Do you grind your teeth?**

YES OR NO

**Sensitive teeth?**

YES OR NO

**Concern with smile?**

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## Coastal Periodontics

### Consent for Use of Artificial Intelligence in Recording New Patient Exams

As part of your dental care, we may use artificial intelligence (AI) to assist in note-taking and periodontal charting. AI will help document your medical history, treatment details, and assist in the examination of your periodontal health (such as gum condition, measurements of pocket depths, and overall oral health status).

By signing this form, you acknowledge and consent to the following:

1. Purpose of AI Use:
  - Note-Taking: AI will assist in automatically recording and transcribing notes during your dental visit, including treatment plans, diagnoses, and procedures.
  - Periodontal Charting: AI may be used to analyze and document the condition of your gums, including pocket depth measurements, bleeding points, and other periodontal data.
2. Voluntary Participation: You are not required to use AI for note-taking or periodontal charting. You may opt out, and manual documentation will be used instead.
3. Accuracy & Confidentiality: AI helps improve the accuracy of your records, but may have occasional limitations. All data will be kept confidential and comply with relevant privacy laws.
4. Data Security: All personal health information processed by AI systems will be handled with strict confidentiality and comply with applicable privacy laws, including HIPAA (in the U.S.).
5. Review & Control: Your dentist will review all AI-generated notes and charting information. You may request a copy of your records at any time.

By signing this form, you consent to the use of AI for note-taking and periodontal charting as part of your dental care.

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Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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This form focuses on transparency regarding AI's role in note-taking and periodontal charting, while ensuring that the patient is aware of their options and the safeguards in place.



## **Coastal Periodontics – No-Show & Late Cancellation Policy Consent**

**Effective May 6, 2025**, Coastal Periodontics will implement a **\$50.00 fee** for the following:

- Missed appointments without prior notice (No-Show)
- Appointments canceled with **less than 24 hours' notice**

This fee helps us manage our schedule efficiently and allows us to offer timely appointments to other patients.

Sincerely,

Coastal Periodontics