

Family & Spa Dentistry



Donna Vagnozzi-Bucci, DMD, PC

Dental Sleep Questionnaire

Patient Information:

Name: _____ Date: _____

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| 1. Do you snore loudly or have been told that you snore? | Yes | No |
| 2. Do you ever awaken with a sensation of gasping or choking? | Yes | No |
| 3. Has anyone ever noticed that you stop breathing during your sleep? | Yes | No |
| 4. Do you often wake up with a dry mouth? | Yes | No |
| 5. Do you find your sleep to be non-refreshing? | Yes | No |
| 6. Do you often feel tired, fatigued, or sleepy during daytime? | Yes | No |
| 7. Do you ever fall asleep or nod off in situations where you did not intend to? | Yes | No |
| 8. Do you have (or are being treated for) high blood pressure and/or diabetes? | Yes | No |

If you answered YES to 3 or more questions, you may benefit from a Home Sleep Test to evaluate the presence of Obstructive Sleep Apnea. The doctor or hygienist will do a more extensive evaluation at your dental exam.

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We would like to welcome you once again to our dental practice and explain a little about our office policies and goals. We believe through proper preventive care and regular checkups, it is highly likely that most of our patients can expect to keep all of their teeth for all of their lives.

Our patients can expect from us:

1. A high degree of professional skill and ability.
2. A dedication to your oral health care.
3. A minimization of costly reconstructive work through proper preventative care.
4. Our greatest effort to make your visits as comfortable as possible.
5. The right treatment at the right time.
6. Fees that are fair and just for the services provided.

In return, we expect from our patients:

1. Cooperation in making and keeping appointments.
 - a. Failure to keep a reserved appointment may result in a \$75 disappointment fee, when 48 hour notice is not given.
 - b. Failure to keep more than one reserved appointment may require a deposit to re-schedule.
 - c. Missing three appointments may result in termination of our patient/doctor relationship.
2. A conscientious effort toward good oral hygiene.
3. Recall visits to maintain optimum oral health.
4. A definite arrangement for the payment of fees at the time of service.

Insurance:

1. Our office accepts assignment of your dental insurance benefit, as long as you provide insurance benefit information prior to your visit.
2. You will be responsible for your co-insurance and annual deductible at each visit.
3. You will be billed for claims remaining un-paid over 60 days by your insurance company.

We feel that the best investment anyone can make is to prevent the pain and discomfort associated with advancing oral disease, and to save the costly expenses often connected with the reconstruction of the damages that do occur through neglect. In order for our newly formed relationship to be mutually satisfying and beneficial, we ask that at any time you have a question or are unhappy about any treatment (proposed or performed), fee for service, or attitude of our "Dental Team", please discuss it with us promptly and openly. Misunderstandings and/or lack of communication are the only obstacles to our continued friendship and professional relationship.

Again, we welcome you and look forward to a long lasting patient/doctor relationship. Please sign below to acknowledge receipt of our policies. Thank you.

Print Name: _____

Signature: _____

Date: _____

11/2012