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## JUAN-CARLOS QUINTERO, D.M.D., M.S.

Juan-Carlos Quintero, D.M.D., M.S. received his Dental Degree from the University of Pittsburgh in Pennsylvania and Degree in Orthodontics from the University of California at San Francisco (UCSF). During this time he also received a Master's of Science Degree in Oral Biology.

Before moving to Florida, Dr. Quintero was in private practice in San Diego, California, where he helped develop many modern systems and techniques he now uses in his "State-of-the-Science" practice. Included is the Invisalign and OrthoClear systems, which he has helped pioneer since its infancy. Being one of the first clinicians nationwide to use these and other technologies, he is regarded as one of the country's leading and most experienced Invisalign clinicians. His own treated cases are the only ones featured in Invisalign's certification workshops. As an Invisalign Alpha doctor, he belongs to Invisalign's clinical advisory board and is a member of Invisalign's Speaker's Bureau where he lectures extensively throughout the world on this progressive technology.

Dr. Quintero has served as National President of the American Association for Dental Research- SRG, won numerous academic awards, National research competitions, published over 14 articles in peer reviewed scientific journals and has given over 40 lectures, both nationally and internationally.

Dr. Quintero maintains a solo private practice, started by Dr. Lindsey D. Pankey, Jr., in South Miami, Florida. He is a visiting faculty at The Pankey Institute and currently serves on the Board of Directors of the South Florida Academy of Orthodontists.



## APPOINTMENTS

We would like you to understand the goals we seek to achieve by our appointment system. Orthodontic force systems must be adjusted and monitored every several weeks for treatment to proceed as planned. Many of our office visits inevitably conflict with work or school. In order to balance the need for regular appointments with the need to minimize missed school and work hours we have designed our office schedule to accomplish the following:

1. We want to see each patient at the time of his or her scheduled appointment. Your time is valuable- it should not be wasted sitting in our reception room.
2. We want to have enough time at each appointment to do the necessary adjustments, plan the visit, discuss treatment progress and answer questions.

Within the advent of the newer nickel titanium alloy wires which we are employing in our practice it is now possible to deliver more gentle, continuous and precise orthodontic forces over a longer period of time. This generally translates into longer time intervals in between appointments

because the wires are working over extended periods of time. This has been shown to be healthier and more comfortable for the teeth. But another added benefit is that your personal schedule will be less inconvenienced due to visits being only once every 6-8 weeks.

Orthodontic treatment proceeds in stages. At some points what is needed is a nudge here and there, requiring a relatively short appointment. At other times, major changes are required in the appliance, requiring a long appointment. With this in mind, we will schedule longer appointments during school and work hours and shorter appointments before and after school and work. In this way we do not reserve an entire afternoon for one or two patients, but rather see as many patients as possible with short appointments. One consequence of a schedule arranged in this fashion is that the office is quieter in the middle of the day and busier in the early morning and late afternoon.

Because the schedule is carefully crafted, arriving late or missing your appointment can pose a problem. In fairness to the other schedules patients we will not jaw a late arrival into the schedule. We will probably have to reschedule the appointment unless there is an opening in the schedule that we had not expected. All failed or late appointments are schedules as soon as possible. Since the after school and work appointments are scheduled several weeks in advance, it will be necessary to reschedule the missing appointment during the middle of the day.

If you need an emergency appointment, we will bring you in as soon as possible to correct the problem, and we will need to appoint you between 9:00 a.m. and 3:00 p.m. We appreciate your understanding of our appointment policy and please remember that we are just trying to be fair to everyone. As always, we are available for questions or comments.



## DIAGNOSTIC RECORDS

### Digital Diagnostic Records - Initial / Progress / Final

Our office uses purely digital radiography. This means no film, no fixer or developer and no darkroom. Best of all, it means up to 80% less radiation to you than traditional x-rays. A frequently asked question by patients/parents is: "Do I need all those x-rays and models?" Additionally, people want to know if x-rays their family dentist took are adequate; why progress x-rays are necessary and most of all, why do we need final x-rays?

Typical full diagnostic records include:

### Panoramic View

This enables us to view the upper and lower jaws, all the teeth and supporting bone, sinuses, and a non-detailed look at the jaw joint. It enables us to see abscesses, cysts and tumors of the jaw, the number of the teeth, the angles at which they are coming in and general health of the bone.

### Cephalometric View

This is an x-ray of the entire head taken from two views. The frontal of full face view allows us to see any asymmetries of the jaw, the skull, nasal septal deviations and various diseases of the bone. The profile skull view allows us to measure approximately 50 different areas by which we can construct a growth analysis (child), classify facial type and make accurate predictions as to what will happen without treatment and what can happen with various alternative treatments.

### Full Mouth X-Rays

These views of individual teeth allow a much more detailed study of each individual tooth for evidence of decay, trauma, and periodontal (gum) diseases. Usually your general dentist takes, so we don't need to.

### Photographs

Facial photographs allows us to study asymmetry of the face, smile lines, lip competence and certain facial muscle habits. The smile line is crucial to a truly excellent result.

Photographs of the mouth itself allows us to study texture of lips, cheek, tongue, etc. as well as documenting various types of stains or discoloration of the teeth. They also allow us to see the malpositions of teeth from various angles.

### Study Models

Models of the teeth provide a three-dimensional record of teeth. Among many things, they allow us to perform a total space analysis, assess the dental anatomy, evaluate arch forms, detect abnormalities and serve as a permanent record of how teeth were before the treatment.

### Initial Diagnostic Records

These are taken before treatment for diagnosis and planning purposes. All of the described are typical, except the laminograms which are taken on a case by case basis.

### Progress Records

- Taken as patient advances into the second phase of treatment.
- Taken to check eruption of teeth
- Taken in cases of trauma or injury to face, teeth or joints
- Taken to check joint positions and bony changes in TMJ patients.

Progress records may include from one to all procedures depending on the needs of the individual patient.

### Final Records

These usually are a duplication of the Diagnostic Records taken before treatment began. With these records we are able to study:

- Differences in growth and jaw positions
- Differences in positions and angles of nose, lip, chin, teeth
- Differences in smile lines, profiles and symmetries
- Angulations of teeth
- Presence or absence of wisdom teeth so that appropriate measure can be taken
- Presence of abscesses, cysts, or tumors
- Presence of root damage

Many other things are evaluated from these final records but in general they allow us to prepare for any future problems (such as impacted wisdom teeth). They also allow us to plan the type of retention once braces have been removed and how long retention appliances must be worn in terms of hours per day and also in terms of months and years.

I hope this somewhat lengthy explanation helps you understand more clearly the importance of these diagnostic aids. I can assure you that only these aids deemed absolutely necessary will be recommended.



## STATEMENT OF POLICY REGARDING INSURANCE COVERAGE AND BILLING

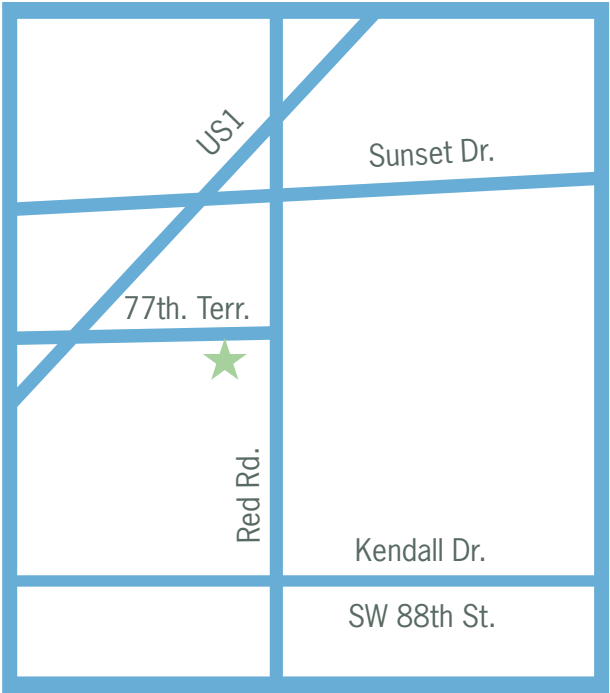
If you have an insurance plan or union contract that will pay a portion of your orthodontic or TMJ treatment fees, we will be happy to assist you in claiming your benefits. With increasing numbers of dental insurance programs and the movement of many contacts towards DMO and PPO plans, we find it very difficult to have a complete and accurate knowledge of all programs. It is in your best interest to research your specific contract and available benefits.

Since we have no say in the selection of your insurance company (nor do we feel we should), we have no control over the terms of your contract, the method of reimbursement, or the determination of your insurance benefit. We can not influence the amount of your insurance benefit by manipulating the information in your report. Our report is a true and factual statement of the information requested by your insurance company.

Therefore, to facilitate the processing of your claim, we have adopted the following procedures:

- If you are eligible for orthodontic or TMJ coverage, we will ask you to complete an all-purpose insurance claim form to provide us with your dental insurance carrier and billing address, insured's social security number and any other pertinent information we should need in order to obtain benefits. (As a general rule, any available treatments for TMJ are covered under a patient's medical policy.) Also a copy of your insurance ID card is ideal. If you belong to a union, many times they require that we submit your claim on their specific form.
  
- We will complete the appropriate claim form and provide your insurance carrier with the following:
  1. Description of the Malocclusion and proposed treatment
  2. Estimate of treatment time
  3. Cost of treatment including retention and supervision, if applicable.
  
- We will submit your claim to your insurance carrier in a timely manner.
  
- Please make your payments to this office as agreed upon under the terms of your financial contract. We ask that you direct the insurance benefits to come directly to yourself. Most companies respond to claims 4 to 6 weeks from the date they are submitted. Insurance benefits are paid according to the terms of your contract with them, and according to their schedule of payments. Again, you are financially responsible to the doctor for all the services rendered, your insurance company is responsible to you.

Our office has adopted these procedures, believing them to be in the best interest of all concerned parties.



### DIRECTIONS TO OUR OFFICE IN SOUTH MIAMI

**From 826:** Exit Sunset, go East to Red Road (57th Ave.). At Red Road, turn right and go to 77th Terrace. At 77th Terrace turn right and then left at 5712.

**From I-95:** Go South to US1, US1 South to Red Road (57th Ave.). At Red Road, turn left and go to 77th Terrace. At 77th Terrace turn right and then left at 5712.

notes



PATIENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
 \_\_\_\_\_  
(City) (State) (Zip)

Birthdate / / \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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

Who is your physician? \_\_\_\_\_

Who is you general dentist? \_\_\_\_\_ Date of last cleaning? / / \_\_\_\_\_

Referred by \_\_\_\_\_

EMERGENCY INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Address (if less than 3 years) \_\_\_\_\_

S.S. # \_\_\_\_\_ Birthdate / / \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

No. of Years Employed \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

RESPONSIBLE PARTY INFORMATION

Name of the nearest relative not living with you. \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone ( ) \_\_\_\_\_

I understand that where appropriate, credit bureau information may be obtained. \_\_\_\_\_

Patient's Name \_\_\_\_\_

Signature \_\_\_\_\_

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

**I. SUBJECTIVE COMPLAINTS AND CONCERNS**
**A.** What are the patients or parents main concerns regarding the jaws and teeth?

	MILD	MODERATE	SEVERE
<input type="checkbox"/> Facial Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gum Disease/ Recession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gum Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jaw Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jaw Joint Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jaw Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neck Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ringing/Stuffiness of Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bad Bite			
<input type="checkbox"/> "Buck" Teeth			
<input type="checkbox"/> Crowding			
<input type="checkbox"/> Crossbite			
<input type="checkbox"/> Gummy Smiles			
<input type="checkbox"/> Impacted Teeth			
<input type="checkbox"/> Irregular Facial Proportions			
<input type="checkbox"/> Irregularly Shaped Teeth			
<input type="checkbox"/> Missing Teeth			
<input type="checkbox"/> Mouth Too Small			
<input type="checkbox"/> Openbite			
<input type="checkbox"/> Overbite			
<input type="checkbox"/> Prominent Lower Jaw			
<input type="checkbox"/> Protrusion of Teeth			
<input type="checkbox"/> Recessive Lower Jaw			
<input type="checkbox"/> Small Teeth			
<input type="checkbox"/> Spaces			
<input type="checkbox"/> Underbite			
<input type="checkbox"/> Other			

**B.** Family members with similar problems?

- |                                 |                                 |                                  |
|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Other  |                                  |

**II. MEDICAL DENTAL HISTORY**

<b>A.</b> Present Health	Good	Fair	Poor
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Stress	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**B.** Has the patient reached puberty?  Yes  No

**C.** Has the patient ever had any of the following conditions?

- Allergies
- Arteriosclerosis
- Asthma
- Autoimmune Disorder
- Blood Disease
- High Blood Pressure
- Low Blood Pressure
- Bone Disorders
- Cancer
- Diabetes
- Dizziness
- Emotional Problems
- Endocrine Problems
- Epilepsy
- Hearing Disorders
- Heart Disease
- Heart Murmur
- Hepatitis
- HIV/AIDS/ARC (Circle)
- Kidney Disease
- Rheumatic Fever
- Ringing of Ears
- Sleep Disturbance
- Trauma (to face, teeth, jaws, or head)
- Other

**D.** Medication. Current medications taken by the patient?

- Do you take antibiotics before dental cleanings?
- Antibiotics
- Birth Control Pills
- Diet Pills (diuretics)
- Heart Pills (digitalis, etc.)
- Insulin
- Muscle Relaxants (valium, etc.)
- Pain Pills (Demerol, codeine, etc.)
- Sleeping Pills
- Tranquilizers (elavil, valium, etc.)
- Vitamins
- Other

