



*Canandaigua Oral Surgery, PC*  
*500 North Main Street*  
*Canandaigua, NY 14424*

585.394.3322 Office

585.727.3218 Dr Phillip Cary

585.727.2113 Dr Nathan Cary

[office@canandaiguaoralsurgery.com](mailto:office@canandaiguaoralsurgery.com)

[www.canandaiguaoralsurgery.com](http://www.canandaiguaoralsurgery.com)

We take this opportunity to thank you for making an appointment, and to welcome you to our office. Our professional office staff will make every effort to provide you with a diagnostic, consultation, and/or surgical experience that is as pleasant and as beneficial to you as possible.

This letter is written for two reasons. First; we would like to provide you with background information about our education, specialty in dentistry and healthcare, and with an overview of our office financial policies and our patient information privacy protection policy. Second; we are making available a registration form and a medical history form so that you may complete them prior to your office visit. Completing these materials in advance will save you some time in the office. More importantly, we have found that the information provided by the patient is generally more precise and accurate if the forms are completed prior to the office visit without stresses and time-constraints.

Please take time to read this letter. It is intended to provide you with information that we know you will find beneficial. Please complete the registration and health history forms at your convenience prior to your appointment and either fax back or bring the forms with you for your appointment.

An Oral and Maxillofacial Surgeon is a dental specialist and healthcare provider who specializes in the surgical management of congenital and acquired diseases and traumatic injuries of the teeth, facial bones, jaws, mouth, and related structures. The formal training for the specialty follows completion of bachelor of science degree in college and a doctorate degree in an accredited dental school. The specialty requires four to six years of additional post-graduate in-hospital training. This training involves both clinical and course work in medicine, general surgery, plastic and reconstructive surgery, oculoplastic surgery, facial trauma management, head and neck cancer, oral pathology, anesthesiology, and emergency medicine, in addition to extensive training in oral and dental surgery.

**Phillip G. Cary, DDS:** Dr Phillip Cary was born in Tennessee and grew up in Lincoln, Nebraska. His undergraduate degree in biology was received at the University of Nebraska. He is a 1981 graduate of the University of Nebraska college of Dentistry. His post-graduate work in Oral and Maxillofacial Surgery was done at the Johns Hopkins Hospital in Baltimore, MD and at the Wilmington Medical Center in Wilmington, DE. Dr Phillip Cary has completed board certification with the American Board of Oral and Maxillofacial Surgery.

**Nathan T. Cary, DDS:** Dr Nathan Cary was born and grew up here in Canandaigua. He received his undergraduate degree in Biomedical Sciences from SUNY Buffalo. He graduated from SUNY at Buffalo school of Dentistry in 2014 with honors. Oral and Maxillofacial surgery training was then completed in Memphis, Tennessee at the University of Tennessee Health Science Center. Four major hospitals are affiliated with UTHSC (Region One Health, Memphis VA Medical Center, LeBonheur Childrens Hospital, Methodist University Hospital). Dr Nathan Cary is in the process of obtaining American Board of Oral and Maxillofacial Surgery certification.

Both Doctors maintain fellowship status with national professional associations (AAOMS, ACOMS, and ADA), and with local and state dental societies (NYSSOMS, NYSDA, 7th District Dental Association). Both doctors maintain hospital admitting privileges with FF Thompson Hospital. We are committed to continuing education with the understanding that health related sciences and technologies are always evolving.

The majority of patients referred to our office have come for surgical treatment of diseases or conditions that involve the teeth, jaws and related oral structures. We treat a wide variety of patient problems. These include: impacted and diseased teeth (extractions, surgical exposure of teeth for orthodontic purposes, surgically assisted eruption of teeth, tooth transplants), acquired loss of teeth (dental implant placement, crown lengthening surgery, pre-prosthetic surgery), oral/facial trauma, corrective jaw position (orthognathic) surgery, biopsy of lesions of the mouth or jaws, removal of benign and malignant lesions of the mouth or jaws, and salivary gland problems.

Most of these procedures can be accomplished safely and comfortably in the office environment. Our office has been designed for safe and efficient surgical treatment. The anesthetic technique chosen will be influenced by the planned procedure, the patient's age and medical condition, patient anxiety level, and patient preference. For simple procedures (such as the removal of a tooth or biopsy) local anesthesia ("Novocain") is usually selected. When a patient is to have a more involved procedure (removal of multiple teeth, removal of impacted teeth, placement of dental implants, or bone grafting), intravenous sedation with local anesthesia or general anesthesia are often used. Most procedures can be accomplished in the office using these techniques, and the only other option may be to do the procedure in the hospital. Some procedures cannot be performed in an office setting. The hospital operating room is required for these patients. With some types of procedures there may also be a period of hospitalization required. In other hospital cases the patient will be allowed to return to home following satisfactory anesthesia recovery. The decision to use the hospital setting is primarily based on the condition being treated and the patient's medical history and condition. We attempt to minimize the use of the hospital setting in an attempt to control the overall cost and logistical difficulties in having surgery performed there.

Avoiding the hospital setting will generally make treatment both easier and less expensive. The use of intravenous sedation or general anesthesia is particularly beneficial to those patients whose anxiety or fear creates a situation where cooperation for surgery is impaired. If you have already planned for intravenous sedation or general anesthesia at the time of scheduling your appointment, you will find enclosed with these materials an introduction to intravenous anesthesia and how it is most safely administered. Please be certain to follow the guidelines, as they are written for your safety and comfort.

Treatment of children is not uncommon in our practice. We find that this aspect of the practice can be both the most challenging and satisfying part of what we do. If you feel that your child may be a management problem in any way, we recommend an initial consultation visit so that we may become familiar with the special needs of your child. This should allow for the most efficient scheduling and surgical/anesthesia planning, and will at least theoretically provide for a better overall outcome or experience.

You will find enclosed a personal medical/dental history form, an account information form, a copy of our office financial policy, personal information privacy policy, and any additional materials that may be indicated for your upcoming visit. Please attempt to be as precise in the completion of these forms as possible. This information is of great value and will be important for safe and efficient management of your case. All information you provide will be held in strict confidence in accordance with US Federal HIPAA regulations. Please feel free to call the office if you require any assistance with these forms, or in the event you have questions or require further clarification regarding this information. We look forward to seeing you.

***Phillip G. Cary, DDS***

***Nathan T. Cary, DDS***



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 500 North Main Street  
 Canandaigua, New York 14424

Nathan T Cary, DDS  
 Phillip G Cary, DDS

## Personal Medical and Dental History

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

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

Medications and Supplements: please list all medications and supplements you take:

medication/supplement	dosage	frequency	used for:

Are you allergic to any medications, foods, latex, or metals? Yes No (please list allergies below)


Please check any of the following medical conditions you have, had, or are presently treated for:

heart disease	diabetes	liver disease	depression/anxiety
heart attack	stomach ulcers/acid reflux	kidney disease	alcohol/drug abuse
heart surgery	hepatitis	organ transplant	psychiatric disorder
angina	anemia	thyroid disease	alzheimers/dementia
irregular pulse	bleeding disorder	asthma	sinus disease
pacemaker	blood thinners	emphysema/bronchitis	environmental allergies
heart murmur	seizures/epilepsy	bowel disease	hearing/speech problem
rheumatic fever	migraine	tuberculosis	autoimmune disorder
high blood pressure	sleep apnea	HIV/AIDS	glaucoma
stroke	cancer	syncope (fainting)	arthritis

Do you have any artificial joints, heart valves, or vascular grafts? yes no

If yes, type: \_\_\_\_\_

Have you been advised by your physician to take antibiotics prior to dental treatment? yes no

Have you ever received radiation therapy of the head or neck? yes no

Have you ever received chemotherapy? yes no



### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Male Female Marital Status: Single Married  
Address: \_\_\_\_\_  
street city/town state/zip  
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_  
Emergency Contact: (name) \_\_\_\_\_ (phone) \_\_\_\_\_  
Your Dentist: \_\_\_\_\_ Your Physician: \_\_\_\_\_  
Email: \_\_\_\_\_ Preferred Pharmacy: \_\_\_\_\_

### Person responsible for payment of fees

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_  
Address: \_\_\_\_\_  
street city/town zip  
Birthdate: \_\_\_\_\_ Employer: \_\_\_\_\_

### Insurance Information

Dental Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Policy Holder Address: \_\_\_\_\_  
Policy Holder Phone: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Policy Holder Address: \_\_\_\_\_  
Policy Holder Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Policy Holder Address: \_\_\_\_\_  
Policy Holder Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Policy Holder Address: \_\_\_\_\_  
Policy Holder Phone: \_\_\_\_\_

Canandaigua



Oral Surgery, PC

***Canandaigua Oral Surgery, PC***  
***500 North Main Street***  
***Canandaigua, NY 14424***  
***585.394.3322***

## ***Financial Policy***

This document explains our policies regarding the financial aspect of your care and how your medical and/or dental insurance will apply to your account. Financial arrangements other than those indicated below will need to be discussed and approved by our office manager prior to seeing Dr Cary.

**All fees are due and payable in full when services are performed unless other specific arrangements have been made and agreed upon prior to treatment. A finance charge of 18% annually will be added to any account that is 30 days or more past due. Accounts will be turned over to a collection service if over 90 days past due. Any accounts turned over to collection service will have an additional collection fee (100% account balance) added prior to turning the account over to collection services.**

Payment can be made in cash, your personal check, money order, visa, mastercard, or discover card.

### ***For our patients with insurance:***

Please understand that insurance companies generally offer several different policies in a given geographic area. The patient/guarantor is liable for knowing the specifics of their policy.

Our office may participate with your insurance carrier. We abide by, but do not control, the fee structure and general policies that these companies require for participation and to maintain provider credentialing. All co-payments and "non-covered" amounts (non-covered services, services that exceed the patients' yearly maximum coverage, and contract specific exclusions) will be due and payable in full on the day services are performed.

### ***For our patients who have policies with companies we do not participate with:***

Accepting insurance benefits will be determined on a case/patient specific basis. For those cases where insurance is accepted, benefits will be assigned to be paid directly to Canandaigua Oral Surgery, PC. You will be required to pay the patient portion of fees in full when services are performed. We may be able to provide a relatively accurate estimate of coverage on the basis of experience with your carrier and policy. Determining a patient portion figure most accurately will require a predetermination of coverage claim sent prior to treatment. Following treatment and payment of patient portion you will be provided with a claim with all necessary information completed so that you can submit the claim for services yourself. In such cases, the policy holder will be paid covered amounts directly by the insurance carrier.

### ***Agreement Acknowledgement:***

Patient Name: \_\_\_\_\_

Patient/Guarantor Signature: \_\_\_\_\_



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## **Notice of Privacy Practices**

**This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information.**  
**Please review it carefully.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a set of federal laws and guidelines that requires that all health care records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.

As required by HIPAA, this is an explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Canandaigua Oral Surgery, PC may use and disclose your health care information only for each of the following purposes:

- **Treatment:** providing, coordinating, or managing healthcare and related services by one or more healthcare providers.
- **Payment:** activities such as obtaining reimbursement for services, confirming insurance coverage, billing or collections activities, and utilization review.
- **Health Care Operations:** the business activities of running Canandaigua Oral Surgery, PC.

Canandaigua Oral Surgery, PC may also create and disclose healthcare information using your individual identifiable information by removing all references to individually identifiable information.

Canandaigua Oral Surgery, PC may, without your consent, use or disclose protected health information to carry out treatment, payment, and health care operations in the following circumstances:

- In emergency treatment situations, if we attempt to obtain such consent as soon as is reasonably possible after the delivery of such treatment
- If we are required by law to treat you, and we attempt to obtain such consent but are unable to do so in a timely fashion commensurate with the urgency of your treatment needs.
- If we attempt to obtain your consent but cannot do so due to substantial barriers in communication with you, and we determine that your consent to receive treatment is clearly inferred from the circumstances.

Canandaigua Oral Surgery, PC may contact you to provide appointment reminders or information about your treatment or account management.

**I hereby authorize contact regarding appointment confirmation and other office management matters using telephone voicemail, and will authorize and permit leaving voice messages.**

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by your request except to the extent that we have already taken actions relying on your prior authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the office manager:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to other family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree with all requested restrictions. If we do not agree to a restriction, we are still required to abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information by alternative means and at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive and accounting of disclosures of protected health information.
- A right to obtain a copy of this notice from us upon request.

Canandaigua Oral Surgery, PC is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal responsibilities and privacy practices with respect to protected health information.

This notice is effective as of March 12, 2003. Canandaigua Oral Surgery, PC is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new provisions effective for all protected health information that we maintain. We will post a current policy, and you may request a current Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal and written complaint with the Department of Health and Human Services.

The US Department of Health and Human Services  
Office of Civil Rights  
200 Independence Ave. S.W.  
Washington, DC 20201  
202.619.0257  
877.696.6775

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_