



DR. PAUL YURFEST
DR. KRISTIN L. HUBER

WEST PACES FERRY ORTHODONTICS

ATLANTA'S TOP PROVIDER OF INVISALIGN TREATMENT

75 YEARS
PIONEERING
EXCELLENCE
WPORTHO.COM
(404) 262-2212

NEW PATIENT INFORMATION

PATIENT INFORMATION

Last _____ First _____ Mi _____ Sex M F
Age _____ Birthdate _____ Social Security # _____
Address _____
City _____ State _____ Zip _____ Email _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer Name _____ Parent/Guardian Name _____
Occupation _____

RESPONSIBLE PARTY INFORMATION

Name Last _____ First _____ Marital Status _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Email _____
Social Security # _____ Birthdate _____
Relation To Patient _____ Occupation _____

EMERGENCY INFORMATION

Name of the nearest relative not living with you _____
Complete Address _____
Phone _____

DENTAL INSURANCE INFORMATION

Insured's Name _____ Insured's Social Security # _____
Insured's Birthdate _____ Insured's Employer Name _____
Employer Address _____
Insurance Co. Name _____ Group # _____ Plan Type _____
Insurance Co. Address _____ Insurance Phone # _____
Name Of Family Dentist _____
Dental Address _____
Phone _____

Who Referred You To Our Office? _____

I certify that the above information is accurate, and I agree to inform this office of any information changes.

Patient/Guardian Signature

Date



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Medical History

It is extremely imperative for your benefit, and others, that you fill this form out completely. Thank You.

Please indicate (by checking) if you have had any of the following:

- Heart Disease
- Asthma
- A Chronic Cough
- High Blood Pressure
- Kidney Disorder
- Stomach Disorder
- Diabetes
- Sickle Cell Disease
- Tuberculosis
- Epilepsy
- Nervous Disorder
- Thyroid Disorder
- Oral Surgery/Trauma
- Bleeding Disorder
- Psychiatric Treatment
- Special Diets
- Rheumatic Fever
- Heart Murmur
- Scarlet Fever
- Immune Deficiency
- Shortness of Breath
- Fever Blister
- Blood Disease
- Cancer
- Cleft Palate
- Liver Disease
- Anemia
- Bone Density

Patient Name:

Who is your Physician?

Women, are you pregnant? Yes / No

Are you allergic to any of the following?

- Aspirin
- Local Anesthetic
- Penicillin
- Other Antibiotics

Any other allergies to medications or substances:

List any current medications you are taking:

List any disease, condition, or current problem not listed above:

Orthodontic History

Do you like your smile? Yes / No

Have you consulted another orthodontist? Yes / No

Have any other family members had orthodontic treatment? Yes / No

Have you had previous Orthodontic treatment? Yes / No

What are your concerns/reasons for desiring Orthodontic Treatment?

Patient/Guardian Signature:

Date:

Dr. Signature:

Date:



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PATIENT CONSENT TO RECEIVE MAIL AND/OR TELEPHONE MESSAGES

Please Print (Last Name) (First Name) (M.I.)

DO WE HAVE YOUR PERMISSION TO...?

Send a recall appointment reminder to your home? Y____ N____

Leave appointment, billing or dental information on
your answering machine/voice mail/ e-mail: Y____ N____

I give permission to share appointment, billing or dental information with the person named below:

Name: _____

Signature of Patient/Parent or Legal Guardian Date

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices.

Signature of Patient/Parent or Legal Guardian Date



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL 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 & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- ❖ **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include crowns, fillings, teeth cleaning services, etc.
- ❖ **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your dental plan for your dental services.
- ❖ **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members that are directly involved in your care or who assist in taking care of you. We will use and disclose your protected when we are required to do so by federal, state, or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We will release your PROTECTED HEALTH INFORMATION if requested by a law enforcement official for any circumstance required by law. We may release your PROTECTED HEALTH INFORMATION to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may release PROTECTED HEALTH INFORMATION to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your PROTECTED HEALTH INFORMATION if you are a member of U.S or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose your PROTECTED HEALTH INFORMATION to federal officials for intelligence and national security activities authorized by law. We may disclose PROTECTED HEALTH INFORMATION to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. We may disclose your PROTECTED HEALTH INFORMATION to correctional institutions or law enforcement officials if you are an inmate or under the custody of

a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public. We may release your PROTECTED HEALTH INFORMATION for workers' compensation and similar programs.

Any other uses and 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 that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations. The rights to access, inspect and copy your PROTECTED HEALTH INFORMATION. The right to request an amendment to your PROTECTED HEALTH INFORMATION. The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and health care operations. The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

We are 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 notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

FOR MORE INFORMATION ABOUT OUR PRIVACY PRACTICES, PLEASE CONTACT:

Our office at:
1218 West Paces Ferry Road NW
Suite 100
Atlanta, GA 30327
(404)262-2212

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll free)



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MEET DR. PAUL YURFEST

Dr. Yurfest has been shaping the smiles of Atlanta since 1975. He believes the patient's satisfaction is the most important element of orthodontics. He enjoys forming a relationship with his patients and has no greater joy than making them happy with the appearance of their smile.



EDUCATION AND EXPERIENCE

- ❖ Bachelor of Science in Psychology – University of Maryland, College Park
- ❖ Doctorate of Dental Surgery – Howard University, Washington, DC
- ❖ Internship – Boston Veteran Administration Hospital
- ❖ Certificate Program in Orthodontics – Howard University, Washington, DC

During his formal education, Dr. Yurfest was awarded the Louis C. Ball Fellowship for outstanding academics and the Outstanding Research Award for Jaw Orthopedics.

In 1975, Dr. Yurfest was recruited by a professor to come to Atlanta, GA to join the practice of Dr. Marvin Goldstein, who was the world's pioneer in adult orthodontic treatment. Today, Dr. Yurfest still practices in the same location, and he's still a specialist in adult orthodontics and a leading provider of Invisalign®, early orthodontic treatment for children, TMJ/TMD treatment, and accelerated orthodontics.

He has served as a clinical associate professor of orthodontics at the Medical College of Georgia and as the director of orthodontics at Ben Massell Dental Clinic.

PROFESSIONAL AFFILIATIONS

- ❖ American Dental Association
- ❖ American Association of Orthodontists
- ❖ American Board of Orthodontics College of Diplomates
- ❖ Georgia Dental Association
- ❖ Georgia Society of Orthodontics
- ❖ International College of Dentists
- ❖ American Lingual Orthodontics Association, Founding Chapter Member

OUTSIDE THE OFFICE

Along with his professional achievements, Dr. Yurfest is the proud dad of three children, a husband, and an active member of the Atlanta community, where he donates time and talent to various organizations in need of his expertise. Dr. Yurfest can be found singing, telling jokes, and having fun daily at work, a job for which he still has a passion after all these years!



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Meet Dr. Kristin Lucas Huber

Dr. Huber is an Atlanta native, having graduated from The Lovett School. Dr. Huber comes from a family of dentists and always knew that she wanted to pursue a career in dentistry.

Dr. Huber is committed to providing quality orthodontic treatment while exceeding her patients' and their parents' expectations with fantastic results. While she has a strong focus on clinical excellence, Dr. Huber also enjoys helping both children and adults to have a positive and fun orthodontic experience. She finds enhancing her patients' lives with a beautiful smile to be very rewarding.



EDUCATION AND EXPERIENCE

After graduating from Lovett, Dr. Huber completed her undergraduate studies at Vanderbilt University. Upon graduation, Dr. Huber entered Tufts University School of Dental Medicine in Boston, Massachusetts. There she received her Doctorate of Dental Medicine and completed her residency in orthodontics and dentofacial orthopedics.

Dr. Huber finished at the top of her class and received several distinctions for merit and service. She was presented with The American Equilibration Society Senior Award for excellence in temporomandibular disorders as well as the prestigious American College of Dentists Award. The American College of Dentists is the oldest national honorary society for dentists. It recognizes outstanding leadership and exceptional contributions to dentistry and society.

Dr. Huber's formal education in orthodontics has provided her with a strong foundation of knowledge and experience. By regularly participating in continuing education, she is able to stay current on the latest technology and orthodontic treatments. Continuing education allows Dr. Huber to provide her patients with more options and better results.

She is also a member of several professional associations that provide her with many opportunities for continuing education, including the American Association of Orthodontics, Southern Association of Orthodontics, American Dental Association, Georgia Dental Association, and the Northern District Dental Society.

COMMITMENT TO THE COMMUNITY

Working in this community has provided Dr. Huber the opportunity to meet so many wonderful people. She enjoys getting to know all her diverse patients and building relationships with them that last long after treatment is complete. Dr. Huber is on staff at Children's Healthcare of Atlanta where she provides care to children with cranio-facial deformities. She also volunteers at the Ben Massell dental clinic that provides dental care for underprivileged patients in the Atlanta metro area.

Dr. Huber joined West Paces Ferry Orthodontics in the summer of 2008. She is happy to be a part of this wonderful and lively practice, where she enjoys treating both children and adults.



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WHY CHOOSE WEST PACES FERRY ORTHODONTICS?

- ❖ We are committed to EXCELLENCE IN ORTHODONTICS. At West Paces Ferry Orthodontics, our patients are #1. We value every patient and welcome every opportunity to assist our patients and ensure their treatment is as convenient and as pleasant an experience as possible.
- ❖ Cutting edge light scanning for Invisalign. **NO MORE MESSY IMPRESSIONS**
- ❖ West Paces Ferry Orthodontics has provided outstanding clinical results for over 35 years. We are known for the high level of service we offer.
- ❖ We are affiliated with Children's Healthcare of Atlanta.
- ❖ Our practice uses advanced digital orthodontic radiographic techniques.
- ❖ We are the only Diamond level Invisalign provider in Atlanta, and we teach other doctors Invisalign techniques.
- ❖ We pioneered clear braces and braces behind the teeth.
- ❖ State of the art sterilization utilizing Statim Autoclaves.
- ❖ Our in-house lab allows us to control the quality and precision of our diagnostic models, appliance, and retainers.
- ❖ Our doctors are board certified and board eligible by the American Board of Orthodontics.
- ❖ We offer affordable payment plans and 0% interest to meet the patient's specific financial needs.
- ❖ We accept and file most Insurance plans.
- ❖ Convenient FREE parking at our door.



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TWO PHASE ORTHODONTIC TREATMENT

What is Phase I Orthodontic treatment?

- ❖ The American Association of Orthodontics recommends that all children should have an Orthodontic evaluation by age 7.
- ❖ At this time, Orthodontists are able to diagnose certain problems with the growth of the jaws and erupting teeth that can only be corrected or are more easily corrected if diagnosed early.
- ❖ Early treatment may prevent more serious problems from developing and may make the second phase of treatment shorter and less complicated.
- ❖ Signs of problems are not easy to detect. Although the teeth may appear straight, hidden problems may be present that only an Orthodontist can detect.
- ❖ Early treatment is successful because it is performed during a period of rapid growth. Results can be achieved that are not possible at a later age.

What are some of the problems that require Phase I correction?

- ❖ Skeletal and growth disharmonies
- ❖ Protruding teeth that are at risk of trauma
- ❖ Thumb and Finger-sucking habits
- ❖ Narrow jaws and/or dental arches
- ❖ Extremely crowded teeth
- ❖ Early or late loss of baby teeth
- ❖ Crossbites
- ❖ Severe deep bite
- ❖ Overbite

How does Two Phase Orthodontics work?

- ❖ Phase I – approximately 6-24 months of active treatment during the mixed dentition (baby and permanent teeth present).
- ❖ Intermediate Phase – inactive period while the remaining permanent teeth erupt.
- ❖ Phase II – approximately 18-24 months of active treatment in the full permanent dentition.

Many patients will require Phase II Orthodontics to detail their occlusion and teeth.