BioDental Healing
1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

WELCOME LETTER

Welcome to **BioDental Healing**! We're so glad you've chosen us as your partner in oral and whole-body health. From the moment you walk through our doors, our goal is to make you feel seen, heard, and cared for — not just as a set of teeth, but as a whole person with unique needs, goals, and experiences.
Our philosophy is rooted in the belief that your mouth is deeply connected to your overall wellbeing. By combining modern dental science with holistic principles, we don't just treat symptoms — we look for the root causes. This means your care will be thoughtful, thorough, and personalized, so you can make informed choices that support your long-term health.

Our Mission

At BioDental Healing, our mission is to provide compassionate, biologically based dental care that sees and supports the whole person. We serve individuals who prioritize their total health and are seeking a more thoughtful, integrative approach. By combining modern dental science with holistic principles, we help patients not just fix symptoms, but understand and heal the deeper connections between oral and overall health. Through education, empathy, and personalized wellness plans, we guide each person toward clarity, confidence, and long-term vitality.

Our Vision

We envision a future where dentistry is a trusted partner in whole-body wellness — where every patient feels informed, empowered, and truly cared for. At BioDental Healing, we're redefining what dental care means: not just cleanings and fillings, but a pathway to lifelong health through personalized, integrative care. We aim to be the place where patients finally feel seen — not just for their teeth, but for who they are and who they're becoming on their journey to wellness.

Our Promise

We are not here to push one-size-fits-all treatments. Instead, we partner with you to explore the safest, most effective, and most biocompatible options available. Your health, comfort, and trust are our top priorities, and we are here to guide you with compassion, respect, and transparency.

BioDental Healing
1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

Our approach is guided by three key areas of concern in modern dentistry:

1. The Potential Harmful Effects of Amalgam Fillings

For many years, silver-colored fillings (also known as amalgams) have been used in dentistry. These fillings contain about 50% mercury — a metal that is toxic to the human body in certain forms and levels. While regulatory agencies maintain that amalgam is safe for most patients, some studies and clinical experiences raise concerns about the slow release of mercury vapor over time, especially during chewing or grinding.

At BioDental Healing, we are committed to safe, biocompatible alternatives that do not carry the potential risks associated with mercury exposure. We also follow strict protocols for safe removal if a patient chooses to replace existing amalgams.

2. The Potential Harmful Effects of Root Canal Treatments

Root canal therapy is designed to save a tooth that has been badly damaged or infected. However, research and clinical reports have suggested that bacteria and toxins may persist in microscopic canals within the tooth structure, even after treatment. These can potentially contribute to chronic inflammation or systemic health issues in some individuals.

Rather than assuming a root canal is the only option, we explore alternative treatments and, when necessary, work closely with you to find solutions that support your long-term health — not just your dental needs.

3. The Potential Harmful Effects of Fluoride

Fluoride has long been promoted as a cavity-preventing mineral. While it can strengthen tooth enamel, excessive fluoride exposure — especially over a lifetime — may have negative effects, including dental fluorosis, skeletal issues, and potential impacts on brain and thyroid health.

We believe in helping patients protect their teeth through nutrition, remineralization strategies, and non-fluoride-based preventive options that respect the body's natural healing and protective mechanisms.

We look forward to getting to know you and partnering with you on your health journey. Thank you for trusting us with your care — we're honored to be a part of it.

With warmth and gratitude,

Rishi A. Patel, DDS

BioDental Healing

BioDental Healing
1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

PATIENT INTAKE FORM

Date: _____

Name: _____ DOB: _____

Email: _____ Phone Number: _____

Address: _____City: _____ State: _____ Zip:_____

Whom may we thank for referring you: _____

Emergency Contact:_____ Phone:_____

PATIENT MEDICAL HISTORY

Are you under a physician's care now? [ ] Yes [ ] No _____

The practice of dentistry involves treating the whole person. If the dentist determines that there may be a potentially medically - compromised situation, a medical consultation may be needed prior to commencement of dental treatment. I authorize the dentist to contact my physician.
Physician's Name_____Phone Number_____

Have you ever been hospitalized or had a major operation? [ ] Yes [ ] No _____

Have you ever had a serious head or neck injury ? [ ] Yes [ ] No _____

Are you taking any medications, pulls, or drugs ? [ ] Yes [ ] No _____

Do you take, or have you taken, Phen-fen or Redux? [ ] Yes [ ] No _____

Are you on a special diet? [ ] Yes [ ] No _____

Have you been told to premedicate for your dental visits? [ ] Yes [ ] No _____

Do you use tobacco? [ ] Yes [ ] No _____

Have you ever taken any Bisphosphonates (XGEVA)? [ ] Yes [ ] No _____

Women: [ ] Are you pregnant [ ] Trying to get pregnant [ ] Nursing [ ] Taking Contraceptives

List any medications you are currently taking:_____

_____

_____

_____

List any supplements you are currently taking:_____

_____

_____

_____

BioDental Healing
1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

MEDICAL HISTORY CONTINUED

Are you allergic to any of the following:

[ ] Aspirin
[ ] Local Anesthetics
[ ] Erythromycin
[ ] Penicillin
[ ] Sulfa Drugs
[ ] Tetracycline
[ ] Codeine
[ ] Nitrous Oxide
[ ] Vicodin
[ ] Acrylic Metal
[ ] Valium
[ ] Percodan
[ ] Latex
[ ] Demerol
[ ] Other:_____

Have you experienced any of the following in the last 6 months:

[ ] Chest Pain
[ ] Fever
[ ] Night Sweats
[ ] Cough
[ ] Bleeding
[ ] Diarrhea
[ ] Constipation
[ ] Headache
[ ] Vomiting
[ ] Urinating
[ ] Blurred Vision
[ ] Dizziness
[ ] Thirst
[ ] Dry Mouth
[ ] Swollen

Are you taking any of the following:

[ ] Recreational Drugs
[ ] Blood Thinners
[ ] Steroids / Cortisone
[ ] Acetaminophen
[ ] Blood Pressure meds
[ ] Thyroid Medicine
[ ] Antibiotics
[ ] Cold Remedies
[ ] Tranquilizers
[ ] Antihistamines
[ ] Heart Medications
[ ] Diabetes Drugs
[ ] Aspirin
[ ] Nitroglycerin
[ ] Vitamins
[ ] Alcohol

Do you have or have had any of the following conditions:

[ ] AIDS / HIV
[ ] Alzheimer's Disease
[ ] Anaphylaxis
[ ] Anemia
[ ] Acid Reflux
[ ] Arthritis / Gout
[ ] Artificial Heart Valve
[ ] Asthma
[ ] Blood Disease
[ ] Blood Transfusion
[ ] Bruise Easily
[ ] Cancer
[ ] Chemotherapy
[ ] Chest Pain
[ ] Cold Sores
[ ] Congenital Heart
[ ] Convulsions
[ ] Cortisone Medicine
[ ] Diabetes
[ ] Drug Addiction
[ ] Easily Winded
[ ] Emphysema
[ ] Epilepsy
[ ] Excessive Bleeding
[ ] Fainting / Dizziness
[ ] Frequent Cough
[ ] Frequent Diarrhea
[ ] Genital Herpes
[ ]Hay Fever
[ ] Heart Attack / Failure
[ ] Heart Murmur
[ ] Heart Disease
[ ] Hemophilia
[ ] Hepatitis A
[ ] Hepatitis B or C
[ ] Herpes
[ ] High Blood Pressure
[ ] Hives or Rash
[ ] Hypoglycemia
[ ] Irregular Heartbeat
[ ] Leukemia
[ ] Liver Disease
[ ] Low Blood Pressure
[ ] Lyme Disease
[ ] Mitral Valve Prolapse
[ ] Parathyroid Disease
[ ] Psychiatric Care
[ ] Recent Weight Loss
[ ] Renal Dialysis
[ ] Rheumatic Fever
[ ] Sleep Apnea
[ ] Sickle Cell Disease
[ ] Sinus Trouble
[ ] Intestinal Disease
[ ] Swelling of Limbs
[ ] Thyroid Disease
[ ] Tonsilitis
[ ] Tuberculosis
[ ] Tumors or Growths
[ ] Ulcers
[ ] Venereal Disease
[ ] Yellow Jaundice
[ ] Other
[ ] None

_____

_____

_____

BioDental Healing
1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

PATIENT DENTAL HISTORY

Reason for this visit:_____
_____
_____
_____

What are your goals with your Oral Health / Overall Health:_____
_____
_____
_____
_____

When was your last dental visit:_____

What was done:_____

Are you experiencing any dental problems now? [ ] Yes [ ] No _____

Do you clench or grind your teeth? [ ] Yes [ ] No _____

Do you wear a TMJ splint or Night guard? [ ] Yes [ ] No _____

Do you have pain, clicking or popping in your jaw joint? [ ] Yes [ ] No _____

Do you have any sensitivity to hot, cold, sweets, etc? [ ] Yes [ ] No _____

If you could change anything about your smile/teeth, what would you change?
[ ] Whiter Teeth [ ] Close Spaces [ ] Straighter Teeth [ ] Repair Chips [ ] Change Shape

Have you had any of the following?
[ ] Orthodontic Treatment [ ] Periodontal Treatment [ ] Oral Surgery

_____

Have you experienced any of the following?

[ ] Bleeding Gums	[ ] Receding Gums	[ ] Bad taste	[ ] Wisdom teeth extractions
[ ] Foul Odor	[ ]High or rough fillings	[ ] Teeth Spacing	[ ] Root Canal Treatment
[ ] Loose Teeth	[ ] Pus around teeth	[ ] Teeth Drifting	[ ] Broken Filling
[ ] Pain or Soreness	[ ] Swollen Gums	[ ] Food Trap	[ ] Heavy Plaque Buildup

BioDental Healing
1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

PATIENT DENTAL HISTORY CONTINUED

Are you aware that continued untreated gum disease has a strong link to **Heart Disease**?	[ ] Yes [ ] No
Are you aware that continued untreated gum disease has a strong link to **Diabetes**?	[ ] Yes [ ] No
Are you aware that continued untreated gum disease has a strong link to **Respiratory Disease**?	[ ] Yes [ ] No
Are you aware that continued untreated gum disease has a strong link to **Pre-Term Births**?	[ ] Yes [ ] No
Are you aware that continued untreated gum disease has a strong link to **Osteoporosis**?	[ ] Yes [ ] No
Are you aware that **Amalgam Restorations** can have a link to adverse health effects?	[ ] Yes [ ] No
Are you aware that **Root Canal** treated teeth can have a link to adverse health effects?	[ ] Yes [ ] No
Are you aware that **Extraction Sites** can have a link to adverse health effects?	[ ] Yes [ ] No

SLEEP QUESTIONAIRE

The STOP-BANG questionnaire is a simple, quick screening tool that helps identify patients who may be at risk for sleep apnea. Please answer each question honestly — your responses will help us provide you with the best possible care.

Do you snore loudly (loudly enough to be heard through closed doors)?	[ ] Yes [ ] No
Do you often feel tired, fatigued, or sleepy during the daytime?	[ ] Yes [ ] No
Has anyone observed you stop breathing or choking during your sleep?	[ ] Yes [ ] No
Do you have or are you being treated for high blood pressure?	[ ] Yes [ ] No
BMI more than 35?	[ ] Yes [ ] No
Age - over 50 years old?	[ ] Yes [ ] No
Neck circumference - is it greater than 17"?	[ ] Yes [ ] No
Gender - are you a male?	[ ] Yes [ ] No

I certify that I have read and understand this form. To the best of my knowledge, I have answered every question completely and accurately, I will Inform my dentist of any change in my health and/or medication. Further, I will not hold my dentist, or any other member of his/her staff, responsible for any errors or omissions that I may have made in the completion of this form. I authorize the dentist to release any Information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payer and/or healthcare practitioners. I understand that my insurance carrier may pay less than the actual bill for rendered services.
I agree to be responsible for payment of all services rendered on my behalf or my dependents behalf.

Patient's Signature_____Date_____

BioDental Healing

1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

FINANCIAL AND APPOINTMENT POLICY SHEET

The primary goal of our dental practice is to provide the highest quality oral health care in the most gentle, efficient and enthusiastic manner. Since our practice is also a business with obligations that must be met, we ask that all patients pay for their dental treatment in full on the day of each visit to our office unless prior arrangements have been made.

We will do our best to give you an estimate of your investment in your dental health for each upcoming visit, based on your individual treatment plan prior to initiating treatment. You will be given a very close estimate of your next visit's total bill. Please bring cash, check or credit card at the time of treatment. With a proper diagnosis and a timely treatment plan, most estimates we provide are accurate.

Fees are due when services are rendered. Although restoration treatment may take several appointments, fees are due at the first appointment when treatment is initiated. BioDental healing no longer offers in-house financing. Balances are discouraged, and must be cleared before the next appointment for any account family member. Appointments for non-emergency treatment may need to be postponed pending payment of outstanding balances.

A returned check fee of $50.00 (subject to change as bank fees increase) will be added to your account for any returned check. Before we accept another payment by check, the $50.00 fee plus full payment for the check that did not clear must be paid in cash or credit card. Per history of returned check, the office will no longer accept checks from the patient/account.

Your dental appointments are scheduled carefully. Time, trained personnel, and dental equipment are reserved for each procedure. Missed appointments add to the cost of dental care when reserved facilities are left waiting empty. For general dental appointments, we request 48-hour notice for rescheduling your appointment; your account will be charged. a broken appointment fee of $75.00 for repeatedly missed appointments without proper notification. For dental appointments under IV conscious sedation, we request One Week notice for rescheduling/cancelling your appointment; your account will be charged a broken appointment fee of $1000.00 for the missed appointment without proper notification.

Any credit owed to the account holder/patient will be issued at the end of every month per the account holder/patient’s written request. If the written request is not given the money owed to the account holder/patient will be shown as a recurring credit on the account. Any other question or special arrangements, please contact our office at (805)375-2233 or info@biodentalhealing.com

Patient’s Signature_____

Date:_____

BioDental Healing

1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

NOTICE OF PRIVACY PRACTICES

All Information that Is obtained from you by BioDental Healing and/or Dr. Rishi Patel is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced.

Disclosures

- Your protected health information is accessed and used for healthcare related purposes only.
- Your protected health Information Is never sold, rented, transferred, exchanged, and/or used for non-healthcare related purposes; including marketing activities without your written authorization.
- Per your verbal request, your protected health information is disclosed to third-party entities without your written authorization for the purpose of treatment, to obtain payment for treatment, and for healthcare operations only.
- Your protected health information can be disclosed without your written authorization in certain limited circumstances such as: medical emergencies, in situations required by law, when requested by a public health agency, and when requested by a law enforcement agency.
- For any purpose olher than treatment, obtaining payment, healthcare operation or certain circumstances we will ask for your written authorization before using or disclosing your protected health Information. If you choose lo sign an authorization to disclose protected health information, you can revoke that authorization in writing at any time.

Patient Rights

- You have the right to request In wiling to Inspect and/or receive a copy of your health.
- You have the right to request on alternate means of location to receive communications regarding your health information.
- You have the right to request in writing to amend, correct, or delete any recorded health information within our possession.
- You have the right to request In writing to restrict some of the uses und disclosures of your health information.
- You have the right to request in writing an accounting of certain disclosures of your health information that were made by this office.

Patient's Signature_____

Date:_____

BioDental Healing

1000 Newbury Rd. Ste. 250 | Newbury Park, CA 91320

INSURANCE POLICY FORM

- We do not take insurance as a form of payment.
- However, if you have a Dental PPO plan that accepts Out of Network claims, we can submit a claim for you as a courtesy.
- You would pay BioDental Healing directly for services rendered in full, then your insurance would reimburse you for what you qualify for.
- We do not provide estimates nor pre-authorizations
- Any questions regarding coverage would be your responsibility to ask your insurance per the codes on your treatment plan.
- Submitting a claim is not a guarantee of payment.
- Insurance claims are processed at the end of the month.

Patient needs to confirm if their plan accepts OUT OF NETWORK claims? _____
If plan accepts OUT OF NETWORK claims please provide all of the following information:

Dental Insurance Company (differs from your medical insurance):

_____

Dental Insurance Company's address (the plan assigns a claims department)

_____

Dental Insurance Group Number (# assigned to describe the individual plan or employer plan)

_____

Group Name (LLC or Employer):

_____

Subscriber Full Name (Yourself or Parner):

_____

Subscriber Date of Birth:

_____

Subscriber ID Number:

_____