

# BRILLIANT SMILES

Palm Bay  
580 Malabar Rd. S.E., Suite 1A  
Palm Bay, FL. 32907  
321-914-3972



Melbourne  
4531 N. Wickham Rd. Suite A  
Melbourne, FL. 32935  
321-622-8804

## Discover orthodontics with a difference...

We are excited to be considered for you and your family's orthodontic needs. With locations in Melbourne and Palm Bay, Florida, you will agree our offices are conveniently located. Our team members are very approachable; responsive to your questions, and eager to help you at every stage of your orthodontic care.

At Brilliant Smiles Orthodontics our primary objectives are to provide you with the highest level of orthodontic care, superior customer service and offer you comfortable financial options. We pride ourselves on using the latest technologies and materials available. Our team understands that a beautiful smile means so much!

A smile can brighten your day, it can give you self-confidence, and it can help you make a lasting impression with others. With a focus on offering orthodontic treatment options for children, teenagers, and adults, our team is committed to a fun-filled orthodontic experience in a relaxed and enjoyable setting.

## About the Doctor

Dr. Romia Christopher Goff is a native of Jacksonville, Florida. He received his Doctor of Dental Medicine degree from the University of Florida College of Dentistry in 2005. Returning to his home town, he completed his orthodontic residency in 2008 where he obtained his Certificate of Advanced Graduate Studies in Orthodontics from Jacksonville University, School of Orthodontics.

Dr. Goff is passionate about orthodontics, and appreciates the art and science of transforming smiles. He is committed to providing quality orthodontic care with a personal touch. His professional goals are to maintain his impeccable reputation, while providing a premier orthodontic experience.

Dr. Goff's memberships include: the American Association of Orthodontists, Florida Association of Orthodontists, Southern Association of Orthodontists, and the American Dental Association. Outside of the office, he enjoys spending time with his beautiful wife, Lauren, watching live theater, or playing an occasional round of golf.

## What sets us apart?

Brilliant Smiles Orthodontics is a team of sincere and caring professionals who value your time and your opinion. We are committed to building caring relationships with our patients and their families. Each day we look for ways to make orthodontic care fun, exciting and enjoyable for you.

We invite You to Discover Orthodontics with a Difference!

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## Your New Patient Packet

As you read through your new patient packet, you will find your first appointment check list, information about the practice, a medical history form, a financial and insurance questionnaire, along with a brief survey. Please, take your time, read through the information, fill out the questionnaires and remember to bring them to your initial visit. The information provided will help familiarize with our practice. In an effort to save time at your initial appointment, we encourage you to fill out the documents and remember to bring them with you.

## Your Initial Appointment Check List

- Medical & Dental History document
- Privacy Notice document
- How did you find us document
- Referral from your dentist

## We're on Facebook!

We've been bitten by the social media bug, and like to have fun, so you can find us on facebook where we occasionally run contests, list fun promotions and activities going on at the office. We would love for you to participate, so join in, find us on facebook, become a fan, and let the fun begin.

Find us on Facebook: [Brilliant Smiles Orthodontics](#)

## Free Wifi

We are proud to offer free internet access at both of our locations. So, be our guest and surf the web while you wait on a loved one or waiting to be seen. You can update your facebook status, play a few online games or catch up on work. Ask the front desk for instructions on how to log in.

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## Financial and Insurance Information

The cost of orthodontic care varies depending on the type of braces and the complexity of your treatment. We are aware that orthodontic treatment is a considerable financial commitment. Rest assured, at your consultation, our treatment coordinator will review your financial options and customize a payment strategy that fits your specific needs.

## Payment Options

Our office is unique in that we do not charge for our initial exam, nor do we require a huge down payment to get started with your orthodontic treatment. We accept most insurance plans and several forms of payment including:

- Cash
- Checks
- Most major credit cards.
- Comfortable financial arrangements

## Insurance

As a convenience, we will review your benefits and do our best to let you know your benefits at your initial visit. In order to accomplish this, we ask that you fill out the insurance questionnaire in your new patient packet. Once treatment has started, we will submit your insurance claim forms on your behalf. Please remember that orthodontic insurance is a benefit for you or your child. If during treatment, your benefits change, or if your insurance claim is not paid, that portion will become the responsibility of the patient/responsible party.

Please notify our financial coordinator when you become aware that your insurance has changed or been discontinued. Please be aware that any amount of the estimated insurance benefit not paid by the insurance company will be added to your account.

## Financing Options

For your convenience, we offer low-interest and no-interest financing options through **Care Credit** and **Springstone patient financing**. We also offer in office financing which allows you to make an initial down payment and low monthly interest free payments directly to our office.

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## Financial Incentives and Courtesies

If you decide to pay your balance in full at the start of your orthodontic treatment, we offer a bookkeeping courtesy. We proudly support our military, police, and firefighters' families, and offer them a courtesy adjustment. Be sure to ask about our multiple family members' incentive program.

## Referral Information

We sincerely appreciate you considering Brilliant Smiles Orthodontics for your orthodontic treatment. Would you take a few moments and let us know how you found us?

Word of Mouth: We would love to personally thank that special person.

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

How do you know them? \_\_\_\_\_

Online/Internet/Other: Please check which if any applies to how you found us.

- Brilliant Smiles Orthodontics website
- Ask.com
- Bing
- Facebook
- Google
- Invisalign Doctor Locator
- Yahoo
- Yelp
- YP.com
- Other

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## Privacy Policy/HIPAA Compliance

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.

Brilliant Smiles Orthodontics understands that information about you and your health is personal "Protected Health Information" ("PHI") and we are committed to protecting your medical information. We use and disclose PHI about you for treatment, payment, and health care operations.

- **Treatment:** We may disclose PHI to dentist(s) or other health care providers. For example, we may wish to discuss your treatment with another dentist outside of our office.
- **Payment:** We disclose your PHI to billing and insurance companies, spouses, and other third party payers. For example, we use your PHI in order to request process of your claims by your insurance provider.
- **Health Care Operations:** We disclose your PHI to visitors, students, or staff as a part of certain operations, such as quality improvement, internal marketing, and appointment reminders. For example, we may use your PHI to assist in resolving problems within this practice.

PHI may be given out without your authorization for public health purposes, auditing purposes, research studies, and emergencies. We also provide PHI when required by law, such as for law enforcement, or for judicial or administrative proceedings. In any other situation, we will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to allow disclosure of your PHI, you can later revoke that authorization (other than for treatment, payment and health care operations).

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and send the new notice to you. You can also request a copy of our notice at any time.

### Individual Rights

You have the right receive a copy of your PHI, to be given a list of disclosures of your PHI without your written authorization for reasons other than those mentioned above. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. We will consider your request but are not legally required to accept it. You also have the right to receive confidential communications of PHI by alternative means or at alternative locations, if you clearly state that disclosure of all or part of your PHI could endanger you.

### Complaints

If you believe we have violated your privacy rights, you may contact the Privacy Contact Person at the address listed above. You may also send a written complaint to the U.S. Department of Health and Human Services.

### Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. We are not required to restrict the use of your PHI, amend your PHI, or provide an atmosphere that is entirely free from being overheard by others.

### Patient Acknowledgement

I herby acknowledge that I received and reviewed a copy of this Privacy Notice. I am aware that this notice is effective as of the date of your signature.

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

\_\_\_\_\_  
Patient/Parent or Guardian Signature

\_\_\_\_\_  
Date

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Today's Date \_\_\_\_\_

## Patient Information

Patient's Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ (to confirm appointments)

(If over 18)

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

## Responsible Party or Parties (If patient is under the age of 18)

Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Years employed \_\_\_\_\_

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

Address (if different from above) \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Years employed \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

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## MEDICAL HISTORY

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Please circle Yes or No (If Yes, please fill in details)

Yes No Are you taking any medication? \_\_\_\_\_

Yes No Are you allergic to any medication? \_\_\_\_\_

Yes No Do you have a history of a major illness? \_\_\_\_\_

Yes No Have you had any major operations? \_\_\_\_\_

Yes No Have you ever been involved in a serious accident? \_\_\_\_\_

Yes No Have you ever taken a bisphosphonate medication (i.e. Fosamax, etc...) \_\_\_\_\_

Yes No Do you have a latex allergy? \_\_\_\_\_

Yes No Have you been advised to pre-medicate prior to dental appointments? \_\_\_\_\_

Circle any of the medical conditions below that you have had or currently have.

Abnormal bleeding/Hemophilia	Diabetes	Hepatitis/Liver problems	Pneumonia
Anemia	Dizziness	Herpes	Prolonged Bleeding
Arthritis	Epilepsy	High Blood Pressure	Radiation/Chemotherapy
Asthma or Hay-fever	Gastrointestinal Disorders	HIV / Aids	Rheumatic Fever
Bone Disorders	Heart Problems	Joint Replacement	Tuberculosis
Congenital Heart Defect	Heart Murmur	Nervous Disorders	Tumor or Cancer

Are there any medical conditions we have not discussed that you feel we should be aware of? \_\_\_\_\_

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## DENTAL HISTORY

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Date of last visit \_\_\_\_\_

Address \_\_\_\_\_

What concerns you most about your teeth? \_\_\_\_\_

Yes No Are you presently in any dental pain? \_\_\_\_\_

Yes No Have you ever experienced any unfavorable reaction to dentistry? \_\_\_\_\_

Yes No Have you ever lost or chipped any teeth? \_\_\_\_\_

Yes No Have there been any injuries to face, mouth or teeth? \_\_\_\_\_

Yes No Is any part of your mouth sensitive to temperature or pressure? \_\_\_\_\_

Yes No Do your gums bleed when you brush? \_\_\_\_\_

Yes No Do you have any type of thumb or tongue habit? \_\_\_\_\_

Yes No Are you a mouth breather? \_\_\_\_\_

Yes No Have you ever seen an orthodontist? If yes, who and when? \_\_\_\_\_

Yes No Has anyone in your family received orthodontic treatment? \_\_\_\_\_

Yes No Do your teeth or jaws ever feel uncomfortable when you awake in the morning? \_\_\_\_\_

Yes No Are you aware of your jaw clicking or popping? \_\_\_\_\_

Yes No Are you aware of clenching your teeth during the day? \_\_\_\_\_

Yes No Have you ever been told that you grind your teeth? \_\_\_\_\_

Yes No Do you have "tension" headaches? \_\_\_\_\_

Yes No Have you ever experienced chronic ringing in your ears? \_\_\_\_\_

Yes No If the patient is under age 16, height of parents? Mom \_\_\_\_\_ Dad \_\_\_\_\_

Yes No Are you aware that some appointments will be during school/work hours? \_\_\_\_\_

Female Patients only:

Yes No Are you pregnant? \_\_\_\_\_

Yes No If under age 15, has menstruation started? If so, at what age? \_\_\_\_\_

I have truthfully answered all the above questions and agree to inform this office of any changes in my medical or dental history. In addition, I authorize Dr. Goff to perform a complete orthodontic evaluation.