



Doan DDS Family Dentistry

4251 S. Higuera St, Ste 101
San Luis Obispo, CA 93401
Tel: (805) 538-1888

Welcome to our office. We appreciate the confidence you place with us to provide dental services. To assist us in serving you, please fill in pages 1 and 2 of the registration form completely in ink. Pages 3-7 are for your information. If you have any question, please do not hesitate to ask.

PATIENT INFORMATION

Name _____
Last First MI (Preferred)
SS#: _____ Date of birth: _____ Sex: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Cell: _____ Email: _____
Contact method: Phone Text Email Best time to call _____
Emergency contact: _____ Phone # _____ Relationship: _____
Employer: _____ Work phone: _____
Primary dental insurance: _____ Group #: _____
Subscriber: _____ Date of birth: _____ SS#: _____
Secondary dental insurance: _____ Group #: _____
Subscriber: _____ Date of birth: _____ SS#: _____
Referred to us by: _____

Please present insurance card(s) and a photo ID to receptionist.

FINANCIAL AGREEMENT

I am responsible for any financial obligations incurred in connection with dental treatments rendered on myself or my dependent(s). I understand that payment must be made at time of service. I authorize DoanDDS to file insurance claims on my behalf. Any charges incurred which are not paid by my dental insurance are my responsibility.

Signature _____ Date _____

NOTICE OF PRIVACY POLICIES

I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that I am giving my permission to your use and disclosure of my protected health information in order to carry out treatment, payment activities and healthcare operations. I also understand that I have the right to revoke permission.

Signature _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT OF DENTAL MATERIALS FACT SHEET

I acknowledge I have received a copy of the "Dental Materials Fact Sheet" dated May 2004.

Signature _____ Date _____

HEALTH HISTORY

Patient Name: _____ Birthdate _____

Name of Medical Doctor: _____ Date of last medical visit _____

Is your general health good? Yes No Any change in your health within the last year? Yes No

Do you have, or have you had, any of the following?

	Yes	No		Yes	No
Heart Problems			Bone or Joint Problems		
Chest pain (angina) _____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, rheumatism _____	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath _____	<input type="checkbox"/>	<input type="checkbox"/>	Back or neck pain, joint stiffness _____	<input type="checkbox"/>	<input type="checkbox"/>
High or Low Blood pressure _____	<input type="checkbox"/>	<input type="checkbox"/>	Prosthetic joint replacement _____	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur _____	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells, Seizures, or Epilepsy _____	<input type="checkbox"/>	<input type="checkbox"/>
Heart valve problem _____	<input type="checkbox"/>	<input type="checkbox"/>	Stroke _____	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic heart fever _____	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or Severe Headaches _____	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker _____	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness _____	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetic heart valve _____	<input type="checkbox"/>	<input type="checkbox"/>	Ringing in Ears _____	<input type="checkbox"/>	<input type="checkbox"/>
Congenital heart defects _____	<input type="checkbox"/>	<input type="checkbox"/>	Blurred Vision _____	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack _____	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems _____	<input type="checkbox"/>	<input type="checkbox"/>
Blood Problems			Persistent cough, coughing up blood _____	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding problems, easy bruising _____	<input type="checkbox"/>	<input type="checkbox"/>	Premedication required by physician _____	<input type="checkbox"/>	<input type="checkbox"/>
Blood disease (anemia) _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>
Blood transfusion _____	<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination _____	<input type="checkbox"/>	<input type="checkbox"/>
Allergy Problems			Excessive thirst or dry mouth _____	<input type="checkbox"/>	<input type="checkbox"/>
Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	TB, emphysema or lung disease _____	<input type="checkbox"/>	<input type="checkbox"/>
Sinus problems _____	<input type="checkbox"/>	<input type="checkbox"/>	Do you drink alcohol? _____	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever _____	<input type="checkbox"/>	<input type="checkbox"/>	If so, how much? _____		
Intestinal Problems			Do you smoke? _____	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers _____	<input type="checkbox"/>	<input type="checkbox"/>	If so, how much? _____		
Recent weight gain or loss _____	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis, jaundice, or liver problem _____	<input type="checkbox"/>	<input type="checkbox"/>
Special diet _____	<input type="checkbox"/>	<input type="checkbox"/>	Herpes _____	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty swallowing _____	<input type="checkbox"/>	<input type="checkbox"/>	HIV-positive/AIDS, or other STD _____	<input type="checkbox"/>	<input type="checkbox"/>
Frequent vomiting, nausea _____	<input type="checkbox"/>	<input type="checkbox"/>	Eye diseases _____	<input type="checkbox"/>	<input type="checkbox"/>
Constipation/Diarrhea _____	<input type="checkbox"/>	<input type="checkbox"/>	Contact lenses _____	<input type="checkbox"/>	<input type="checkbox"/>
Kidney or bladder problems _____	<input type="checkbox"/>	<input type="checkbox"/>	History of head injury _____	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Tumor			History of alcohol or drug abuse _____	<input type="checkbox"/>	<input type="checkbox"/>
Skin diseases _____	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Care _____	<input type="checkbox"/>	<input type="checkbox"/>
Radiation treatment, chemotherapy _____	<input type="checkbox"/>	<input type="checkbox"/>	Family history of diabetes, heart problems, or tumors _____	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization, surgeries _____	<input type="checkbox"/>	<input type="checkbox"/>			

Medications or drugs you are now taking: None

Aspirin _____

Anticoagulants (blood thinners) _____

Antibiotics _____

High blood pressure medicine _____

Antidepressants or tranquilizers _____

Insulin, Orinase, or other diabetes drugs _____

Nitroglycerin _____

Cortisone or other steroids _____

Osteoporosis (bone density) medicine _____

Recreational drugs _____

Other: i.e. natural remedies, vitamins _____

Allergies or adverse reactions to any of the following: None

Latex materials _____

Penicillin or other antibiotics _____

Codeine or other narcotics _____

Sulfa drugs _____

Barbiturates, sedatives, or sleeping pills _____

Aspirin _____

Metal: _____

Local anesthetics, dental injections _____

Other: i.e. food _____

Women: Pregnant or may be pregnant Yes No Expected delivery date: _____
 Taking hormones or contraceptives Yes No

Do you have any disease, condition, or problem not listed above? _____

Reason for today's visit _____ Are you in pain? _____

Do you have x-rays that are less than 1 year old? _____

Name of former dentist _____ City/State _____

Date of last cleaning and exam _____

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.

Signature _____ Date _____



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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect ___07/01/2016___, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$ 1.00 for each page, \$ 20.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Receptionist _____
Telephone: (805) 538-1888 _____ Fax: _____
E-mail: smiles@doandds.com _____
Address: 4251 S. Higuera St, Ste 101. San Luis Obispo, CA 93401 _____

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Dental Materials Fact Sheet

Published by California Department of Consumer Affairs - May 2004
Dental Board of California

What About the Safety of Filling Materials? Patient health and the safety of dental treatments are the primary goals of California's dental professionals and the Dental Board of California. The purpose of this fact sheet is to provide you with information concerning the risks and benefits of all the dental materials used in the restoration (filling) of teeth.

The Dental Board of California is required by law* to make this dental materials fact sheet available to every licensed dentist in the state of California. Your dentist, in turn, must provide this fact sheet to every new patient and all patients of record only once before beginning any dental filling procedure.

As the patient or parent/guardian, you are strongly encouraged to discuss with your dentist the facts presented concerning the filling materials being considered for your particular treatment.

*Business and Professions Code 1648.10-1648.20

Allergic Reactions to Dental Materials: Components in dental fillings may have side effects or cause allergic reactions, just like other materials we may come in contact with in our daily lives. The risks of such reactions are very low for all types of filling materials. Such reactions can be caused by specific components of the filling materials such as mercury, nickel, chromium, and/or beryllium alloys. Usually, an allergy will reveal itself as a skin rash and is easily reversed when the individual is not in contact with the material.

There are no documented cases of allergic reactions to composite resin, glass ionomer, resin ionomer, or porcelain. However, there have been rare allergic responses reported with dental amalgam (silver fillings), porcelain fused to metal, gold alloys, and nickel or cobalt-chrome alloys. If you suffer from allergies, discuss these potential problems with your dentist before a filling material is chosen.

Toxicity of Dental Materials

Dental Amalgam (Silver): Mercury in its elemental form is on the State of California's Proposition 65 list of chemicals known to the state to cause reproductive toxicity. Mercury may harm the developing brain of child or fetus.

Dental amalgam (silver) is created by mixing elemental mercury (43-54%) and an alloy powder (46-57%) composed mainly of silver, tin, and copper. This has caused discussion about the risks of mercury in dental amalgam (silver). Such mercury is emitted in minute amounts as vapor. Some concerns have been raised regarding possible toxicity. Scientific research continues on the safety of dental amalgam. According to the Centers of Disease Control and Prevention, there is scant evidence that the health of the vast majority of people with amalgam is compromised.

The Food and Drug Administration (FDA) and other public health organizations have investigated the safety of amalgam used in dental fillings. The conclusion: no valid scientific evidence has shown that amalgams cause harm to patients with dental restorations, except in rare cases of allergy. The World Health Organization reached a similar conclusion stating, "Amalgam restorations are safe and cost effective".

A diversity of opinions exists regarding the safety of dental amalgams. Questions have been raised about its safety in pregnant women, children, and diabetics. However, scientific evidence and research literature in peer-reviewed scientific journals suggest that otherwise healthy women, children, and diabetics are not at an increased risk from dental amalgams in their mouths. The FDA places no restrictions on the use of dental amalgam.

Composite Resin: Some Composite Resins include Crystalline Silica, which is on the State of California's Proposition 65 list of chemicals known to the state of cause cancer.

It is always a good idea to discuss any dental treatment thoroughly with your dentist.

Dental Materials - Advantages & Disadvantages

DENTAL AMALGAM (SILVER) FILLINGS: Dental amalgam is a self-hardening mixture of silver-tin-copper alloy powder and liquid mercury and is sometimes referred to as silver fillings because of its color.

It is often used as a filling material and replacement for broken teeth.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Durable; long lasting *Wears well; holds up well to the forces of biting *Relatively inexpensive *Generally completed in one visit *Self-sealing; minimal-to-no shrinkage and resists leakage *Resistance to further decay is high, but can be difficult to find in early stages *Frequency of repair and replacement is low 	<ul style="list-style-type: none"> *Refer to "What About the Safety of Filling Materials" *Gray colored, not tooth colored *May darken as it corrodes; may stain teeth over time *Requires removal of some healthy tooth *In larger amalgam fillings, the remaining tooth may weaken and fracture *Because metal can conduct hot and cold temperatures, there may be a temporary sensitivity to hot and cold *Contact with other metals may cause occasional, minute

The durability of any dental restoration is influenced not only by the material it is made from but also by the dentist's technique when placing the restoration. Other factors include the supporting materials used in the procedure and the patient's cooperation during the procedure. The length of time a restoration will last is dependent upon your dental hygiene, home care, and diet and chewing habits.

COMPOSITE RESIN FILLINGS: Composite fillings are a mixture of powdered glass and plastic resin, sometimes referred to as white, plastic, or tooth-colored fillings. It is used for fillings, inlays, veneers, partial and complete crowns, or to repair portions of broken teeth.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Strong and durable *Tooth colored *Single visit for fillings *Resists breaking *Maximum amount of tooth preserved *Small risk of leakage if bonded only to enamel *Does not corrode *Generally holds up well to the forces of biting depending on product used *Resistance to further decay is moderate and easy to find *Frequency of repair or replacement is low to moderate 	<ul style="list-style-type: none"> *Refer to "What About the Safety of Filling Materials" *Moderate occurrence of tooth sensitivity; sensitive to dentist's method of application *Costs more than dental amalgam *Material shrinks when hardened and could lead to further decay and/or temperature sensitivity *Require more than one visit for inlays, veneers, and crowns *May wear faster than dental enamel *May leak over time when bonded beneath the layer of enamel

GLASS IONOMER CEMENT: Glass ionomer cement is a self-hardening mixture of glass and organic acid. It is tooth-colored and varies in translucency. Glass ionomer is usually used for small fillings, cementing metal and porcelain/metal crowns, liners, and temporary restorations.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Reasonably good esthetics *May provide some help against decay because it releases fluoride *Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel *Material has low incidence of producing tooth sensitivity *Usually completed in one dental visit 	<ul style="list-style-type: none"> *Cost is very similar to composite resin (which costs more than amalgam) *Limited use because it is not recommended for biting surfaces in permanent teeth *As it ages, this material may become rough and could increase the accumulation of plaque and chance of periodontal disease *Does not wear well; tends to crack over time and can be dislodged

RESIN-IONOMER CEMENT: Resin ionomer cement is a mixture of glass and resin polymer and organic acid that hardens with exposure to a blue light used in the dental office. It is tooth colored but more translucent than glass ionomer cement. It is most often used for small fillings, cementing metal and porcelain metal crowns and liners.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Very good esthetics *May provide some help against decay because it releases fluoride *Minimal amount of tooth needs to be removed and it bonds well to both the enamel and the dentin beneath the enamel *Good for non-biting surfaces *May be used for short-term primary teeth restorations *May hold up better than glass ionomer but not as well as composite *Good resistance to leakage *Material has low incidence of producing tooth sensitivity *Usually completed in one dental visit 	<ul style="list-style-type: none"> *Cost is very similar to composite resin (which costs more than amalgam) *Limited use because it is not recommended for biting surfaces in permanent teeth *Wears faster than composite and amalgam

PORCELAIN (CERAMIC): Porcelain is a glass-like material formed into fillings or crowns using models of the prepared teeth. The material is tooth-colored and is used in inlays, veneers, crowns and fixed bridges.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Very little tooth needs to be removed for use as a veneer; more tooth needs to be removed for a crown because its strength is related to its bulk (size) *Good resistance to further decay if the restoration fits well *Is resistant to surface wear but can cause some wear on opposing teeth *Resists leakage because it can be shaped for a very accurate fit *The material does not cause tooth sensitivity 	<ul style="list-style-type: none"> *Material is brittle and can break under biting forces *May not be recommended for molar teeth *Higher cost because it requires at least two office visits and laboratory services

NICKEL OR COBALT-CHROME ALLOYS: Nickel or cobalt-chrome alloys are mixtures of nickel and chromium. They are a dark silver metal color and are used for crowns and fixed bridges and most partial denture frameworks.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Good resistance to further decay if the restoration fits well *Excellent durability; does not fracture under stress *Does not corrode in the mouth *Minimal amount to tooth needs to be removed *Resists leakage because it can be shaped for a very accurate fit 	<ul style="list-style-type: none"> *Is not tooth colored; alloy is a dark silver metal color *Conducts heat and cold; may irritate sensitive teeth *Can be abrasive to opposing teeth *High cost; requires at least two office visits and laboratory services *Slightly higher wear to opposing teeth

PORCELAIN FUSED TO METAL: This type of porcelain is a glass-like material that is “enameled” on top of metal shells. It is tooth-colored and is used for crowns and fixed bridges.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Good resistance to further decay if the restoration fits well *Very durable, due to metal substructure *The material does not cause tooth sensitivity *Resists leakage because it can be shaped for a very accurate fit 	<ul style="list-style-type: none"> *More tooth must be removed (than for porcelain) for the metal substructure *Higher cost because it requires a least two office visits and laboratory services

GOLD ALLOY: Gold alloy is a gold-colored mixture of gold, copper, and other metals and is used mainly for crowns and fixed bridges and some partial denture frameworks.

Advantages	Disadvantages
<ul style="list-style-type: none"> *Good resistance to further decay if the restoration fits well *Excellent durability; does not fracture under stress *Does not corrode in the mouth *Minimal amount of tooth needs to be removed *Wears well; does not cause excessive wear to opposing teeth *Resists leakage because it can be shaped for a very accurate fit 	<ul style="list-style-type: none"> *Is not tooth colored; alloy is yellow *Conducts heat and cold; may irritate sensitive teeth *Higher cost; requires at least two office visits and laboratory services