DrDentistsHousecalls

Dr. Edward E. Ward

“The father of modern mobile dentistry”

5835 N. Interstate Ave

Portland Oregon, 97217


Dr. Dentists
HOUSECALLS
03-285-5307
shousecalls.com

Mission Statement

“ Through the use of modern mobile dentistry provide optimum caretaker education, individual dental care, and with patient safety as a primary objective”

CURRICULUM VITAE EDWARD WARD

“By 2050, there will be two billion people age 60 and over – more than double today’s figure”

Dentalhealth.org

“As Time Goes By”

The United States Air Force (administration) Supervisor halfway house as college student	1965 - 1969
Student BS Medical Technology North Texas University	1969 - 1973
Medical Technologist at Emanuel Hospital Laboratory	1973
Assistant Professor Oregon Health Science University: Oral Diagnosis	- 1977
Public Health Dentistry	1977 - 1981

AND TIME GOES BY

- Warmsprings Reservation OR 1981
- Dentist – Kenaitze Tribe – Kenai, Alaska (2007)
- Private dental practice with 1.5 million in sales with 16
- employees 1977-2018
- Teaching Portland Community College (Marketing and Sales)
- Teaching Concordia University (Project Management)
- SeaMar - January 28, 2019 to present

Education

Bachelor of Science Medical Technology North Texas State University	1973
Doctor of Dental Medicine Oregon Health Science University	1977
Masters Business Administration George Fox University	2006
Doctor of Business Administration George Fox University Focus Management	
Fellow American Academy of General Dentistry Mastership Academy of General Dentistry	2017
Lifetime Learner Service and Recognition	1985-2018
Baylor Dental School Cosmetic Continuum	
Louisiana State University Cosmetic Continuum – Level II	1995
Villanova University:	2005-2006

MORE EDUCATION

Six Sigma Green Belt
Six Sigma Black Belt
Master Certificate Six Sigma
Certificate Achievement Lean Six Sigma
Certificate 2005-2006
Certifications – Six Sigma Black belt,
Lean Six Sigma, and the Essentials Of
Project Management

Professional Memberships

Veterans of Foreign Wars (Vietnam)

American Dental Association (Life Member) 1977-2018
Oregon Dental Association (Life Member)
National Dental Association 1977-2018
Multnomah Dental Society
Oregon Association of Minority Entrepreneurs
American Academy of Cosmetic Dentistry
Academy of General Dentistry
American Society of Clinical Pathology 1973-present

Community Activities 1977-2018

Community Activities 1977 -2018

TenderCare Dentist of the Year
Multnomah Dental Society Volunteer of the Year
Neighborhood Health Clinic – Volunteer Excellence Award
Ockley Green Middle School VIP Award
Northwest Medical Teams Mobile Dental Unit Volunteer
Apollo College Advisory Board Member
Delegate National Dental Association
Portland Community College instructor

International Business Education George Fox University

Beijing, China
Tianjin, China
Peking School of Stomatology

Paris, France

London, England

San Juan, Puerto Rico
Tijuana, Mexico

Publications/Dissertation*: Pre-Certification Interprofessional Education: Ideal vs. Reality Patient Safety Curriculum.*

Children's Short Stories: *The Adventures of Isabel and Buddie Cover*

Active Dental Licenses

Oregon
Washington
Texas
California
Alaska
Utah

Hobbies

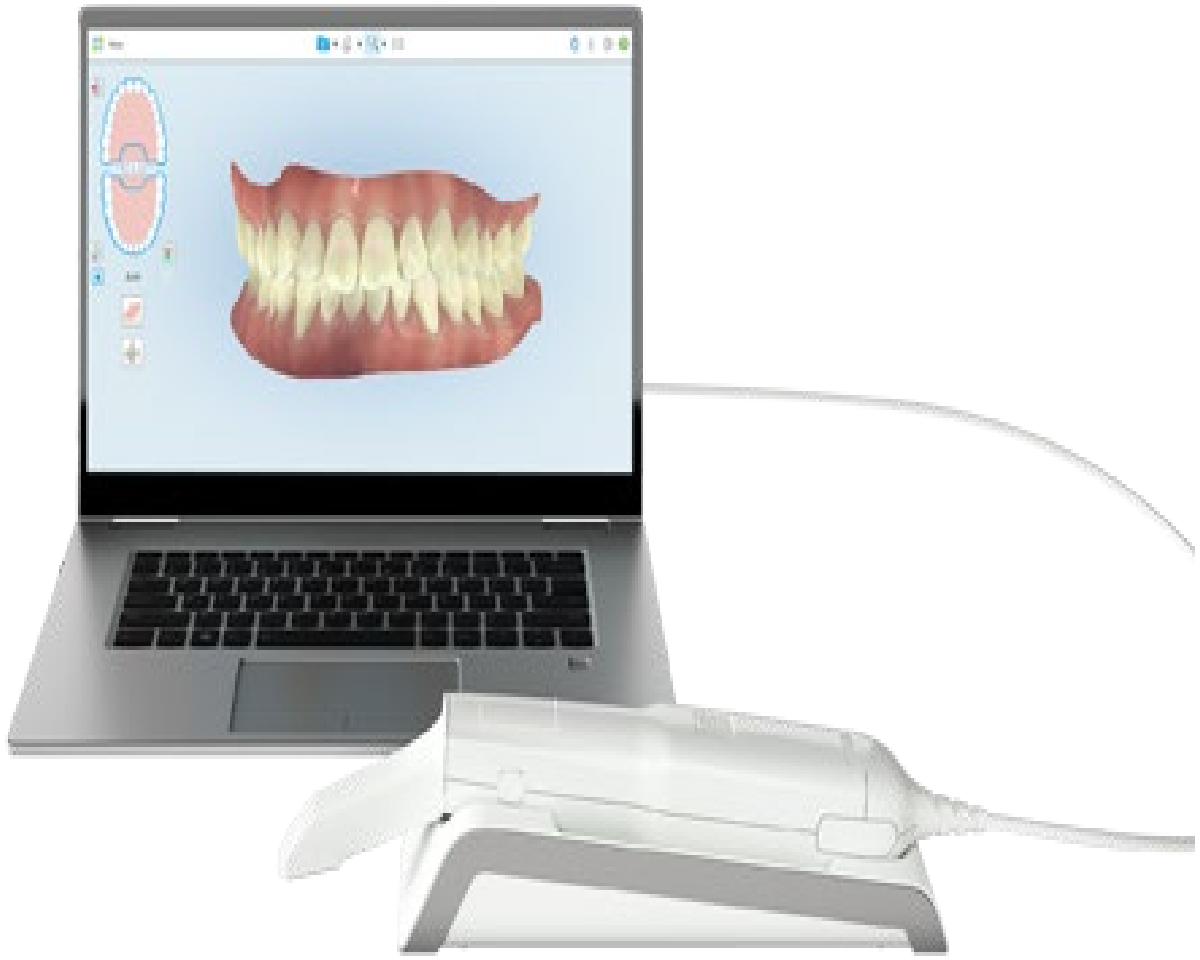
Eliminating business inefficiencies
Playing tennis
Reading
Researching
Daydreaming (creating desired results)

Questions and Considerations for DrHousecalls Sponsor

1. **What is the relationship between patient and sponsor?**
2. **Where is the patient residing?**
3. **Who is going to meet our team upon arrival?**
4. **What is the chief complaint?**
5. **What are the patient's conditions? Wheel chair, pets, Specifically, Mental, physical, awareness, limitations. Is there enough space to set up?**
6. **Ability to fill out medical/dental histories? If not who will be filling out forms, power attorney etc. ,consent forms**
7. **Are their caretakers to assist in managing lifting etc.? Needs to be one present**
8. **Who will be responsible for the financial arrangements? Pre-payment is required and consent forms signed before arrival.**
9. **Who will provide follow up-care after the procedure?**
10. **DrHousecalls' initial visit is an assessment of the patient's overall oral/ physical condition and chief complaint.**
11. **However if the first visit is an emergency, appropriate action will be taken.**
12. **DrHousecalls expects the financial obligations fulfilled before the first appointment.**
13. **Travel distance is a consideration in establishing the cost of the appointment.**
14. **Is the patient compliant?**

Remember DrHousecalls' fundamental philosophy is not emergency treatment but preventive dental care.

PROTECTIVE COVER FOR DENTAL TREATMENT DURING COVID




MOBILEX

BEDSIDE DENTAL TREATMENT

BEDSIDE DENTAL TREATMENT

WELCOME

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely. The better we communicate, the better we can care for you.

1 About You

Today's Date: _____

E-mail Address: _____

Name: _____
LAST FIRST MI MR MRS MS DR

I prefer to be called: _____ ☐ Male ☐ Female

Birthdate: ___/___/___ Age: _____ SS #: _____

Home Address: _____
APT / CONDO #

_____
CITY STATE ZIP

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Hm #: (____) _____ Pager / Cell #: _____

Wk #: (____) _____ Ext: _____ DL #: _____

Employer: _____

Employer's Address: _____

How long there? _____ Occupation: _____

Where & when are best times to reach you? _____

Whom may we Thank for referring you? _____

Other family members seen by us: _____

Previous / Present Dentist: _____
(Please Circle)

Last Visit Date: _____

2 Spouse Information

His / Her Name: _____

Employer: _____

Contact #: (____) _____ Ext: _____ SS #: _____

Birthdate: ___/___/___ DL #: _____

Person Responsible for Account: _____

Contact #: (____) _____

Billing Address: _____

Relation: _____ SS #: _____

Employer: _____ DL #: _____

3 Dental Insurance

Primary Dental Insurance

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: (____) _____

Group # (Plan, Local or Policy #): _____

Insured's Name: _____ Relation: _____

Insured's Birthdate: ___/___/___ Insured's ID #: _____

Insured's Employer: _____

Employer's Address: _____

Secondary Dental Insurance

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: (____) _____

Group # (Plan, Local or Policy #): _____

Insured's Name: _____ Relation: _____

Insured's Birthdate: ___/___/___ Insured's ID #: _____

Insured's Employer: _____

Employer's Address: _____

In the event of an emergency, is there someone who lives near you that we should contact?

His / Her Name: _____ Relation: _____

Wk #: (____) _____ Hm #: (____) _____

4 Medical History

Do you have a personal physician? ☐ Yes ☐ No

Physician's Name: _____

Wk #: (____) _____ Date of last visit? _____

Are you under the care of a physician? ☐ Yes ☐ No

Please explain: _____

CONTINUED ON BACK

4 MEDICAL HISTORY continued

Your current physical health is: ☐ Good ☐ Fair ☐ Poor

Are you taking any prescription / over-the-counter or supplemental drugs? ☐ Yes ☐ No

Please list each one: _____

Do you smoke or use tobacco in any other form? ☐ Yes ☐ No

Have you ever taken Fosamax, or any other bisphosphonate? ☐ Yes ☐ No

Have you been told that you snore or hold your breath while sleeping or wake up gasping for breath? ☐ Yes ☐ No

For Women: Are you using a prescribed method of birth control? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No Week #: _____

Are you nursing? ☐ Yes ☐ No

Have you ever had any of the following disease or medical problems? (Please circle option that applies)

Y N	Anemia / Radiation Treatment	Y N	Hemophilia / Abnormal Bleeding
Y N	Artificial Bones / Joints / Valves	Y N	Hepatitis
Y N	Arthritis	Y N	High / Low Blood Pressure
Y N	Asthma	Y N	HIV+ / AIDS
Y N	Blood Transfusion	Y N	Hospitalized for Any Reason
Y N	Cancer / Chemotherapy	Y N	Kidney Problems
Y N	Congenital Heart Defect	Y N	Mitral Valve Prolapse
Y N	Diabetes	Y N	Psychiatric Treatment
Y N	Difficulty Breathing	Y N	Rheumatic / Scarlet Fever
Y N	Drug / Alcohol Abuse	Y N	Severe / Frequent Headaches
Y N	Emphysema / Glaucoma	Y N	Shingles
Y N	Epilepsy / Seizures / Fainting Spells	Y N	Sickle Cell Disease / Traits
Y N	Fever Blisters / Herpes	Y N	Sinus Problems
Y N	Heart Attack / Stroke	Y N	Tuberculosis (TB)
Y N	Heart Murmur	Y N	Ulcers / Colitis
Y N	Heart Surgery / Pacemaker	Y N	Venereal Disease

Please list any serious medical condition(s) that you have ever had:

_____

_____

Are you allergic to any of the following?

Y N	Aspirin	Y N	Erythromycin	Y N	Penicillin
Y N	Codeine	Y N	Jewelry / Metals	Y N	Tetracycline
Y N	Dental Anesthetics	Y N	Latex	Y N	Other

Please list any other drugs / materials that you are allergic to: _____

_____

5 DENTAL HISTORY

Why have you come to the dentist today?

_____

_____

Do you require antibiotics before dental treatment? ☐ Yes ☐ No

Are you currently in pain? ☐ Yes ☐ No

Have you ever had a serious / difficult problem associated with any previous dental work? ☐ Yes ☐ No

Do you now or have you ever experienced pain / discomfort in your jaw joint (TMJ / TMD)? ☐ Yes ☐ No

Your current dental health is: ☐ Good ☐ Fair ☐ Poor

Do you like your smile? ☐ Yes ☐ No

Do your gums ever bleed? ☐ Yes ☐ No

Have you ever had periodontal disease? ☐ Yes ☐ No

How many times a week do you floss? _____ a day do you brush? _____

Type of bristles? ☐ Hard ☐ Medium ☐ Soft

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.

_____

Signature Date

Payment is due in full at the time of treatment unless prior arrangements have been approved.

Thank you for filling out this form completely. It will enable us to help you more effectively. If you have questions at any time, please ask us. We are happy to help.

Our office is HIPAA Compliant and committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

OFFICE USE ONLY OFFICE USE ONLY **OFFICE USE ONLY** OFFICE USE ONLY **OFFICE USE ONLY**

I verbally reviewed the medical / dental information above with the patient named herein. Initials: _____ Date: _____

Doctor's Comments: _____

_____

MEDICAL HISTORY UPDATE

1. Date: _____ Comments: _____ Signature: _____

1. Date: _____ Comments: _____ Signature: _____

1. Date: _____ Comments: _____ Signature: _____

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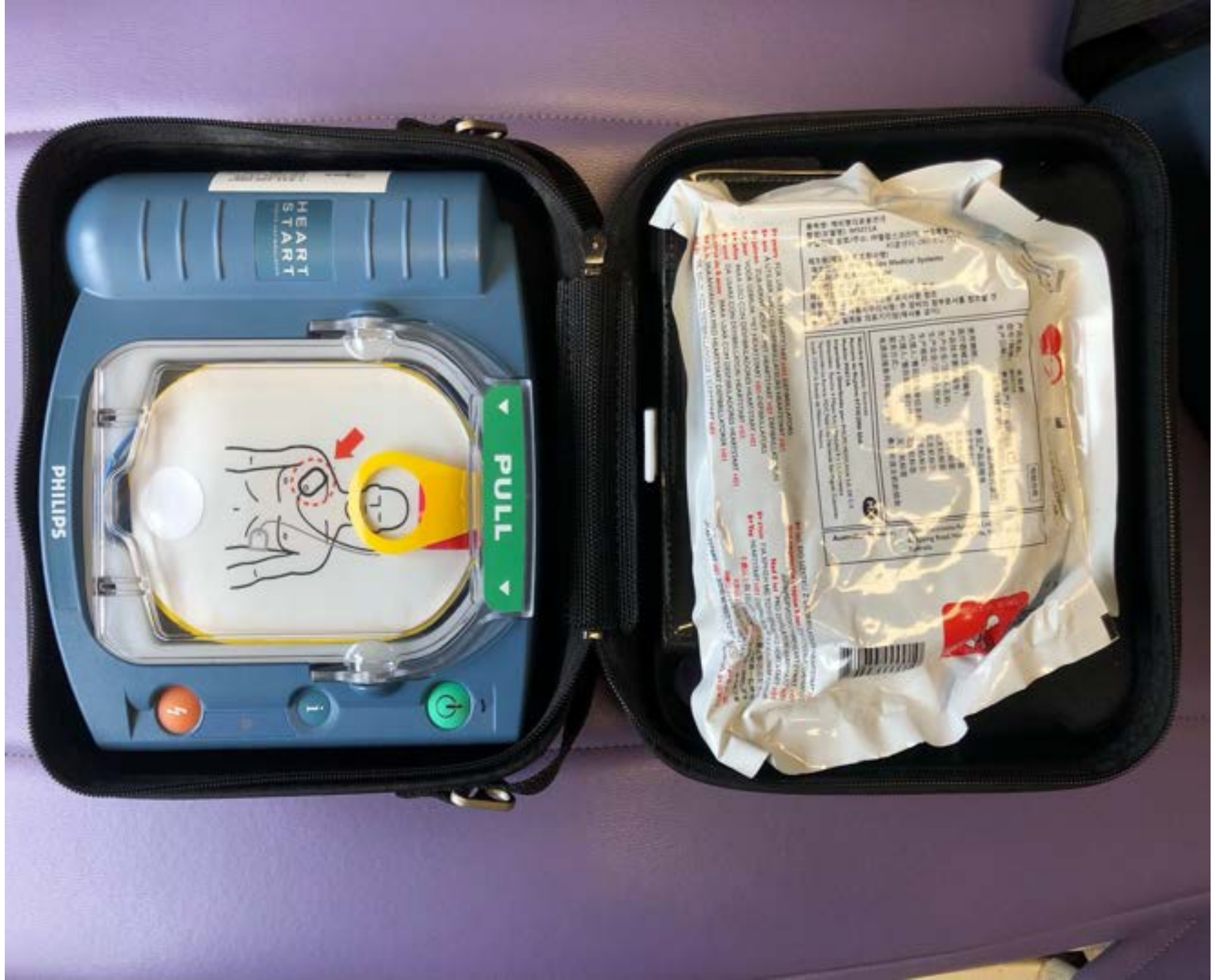
Medical History Review

- https://www.webmd.com/interaction-checker/default.htm

AED EMERGENCY EQUIPMENT

EMERGENCY
EQUIPMENT



EMERGENCY OXYGEN

FOLDING BEDS

EASY ACCESS FOR DENTAL TREATMENT

FOLDING BED

GOOD ACCESS FOR DENTAL TREATMENT

Sling to move patient from bed to treatment chair

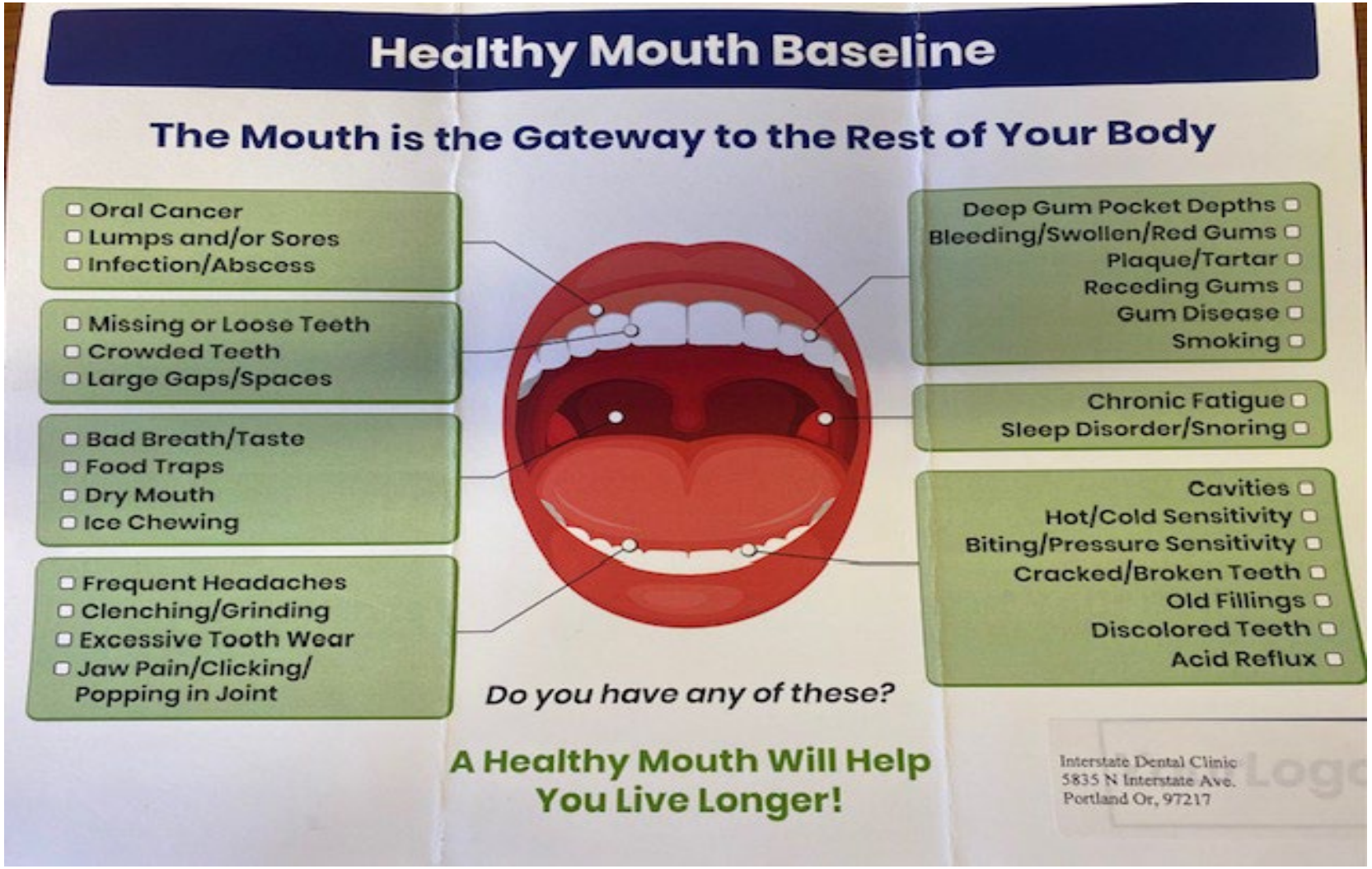
100 SQUARE FT

OUR EQUIPMENT EASILY OPPORATES PROVING DENTAL TREATMENT AND X-RAYS IN THE AVERAGE ROOM SIZE

Acorn Chairlift

www.drdentistshousecalls.com

Healthy Mouth Baseline
“The Mouth is the Gateway to the Rest of Your Body”



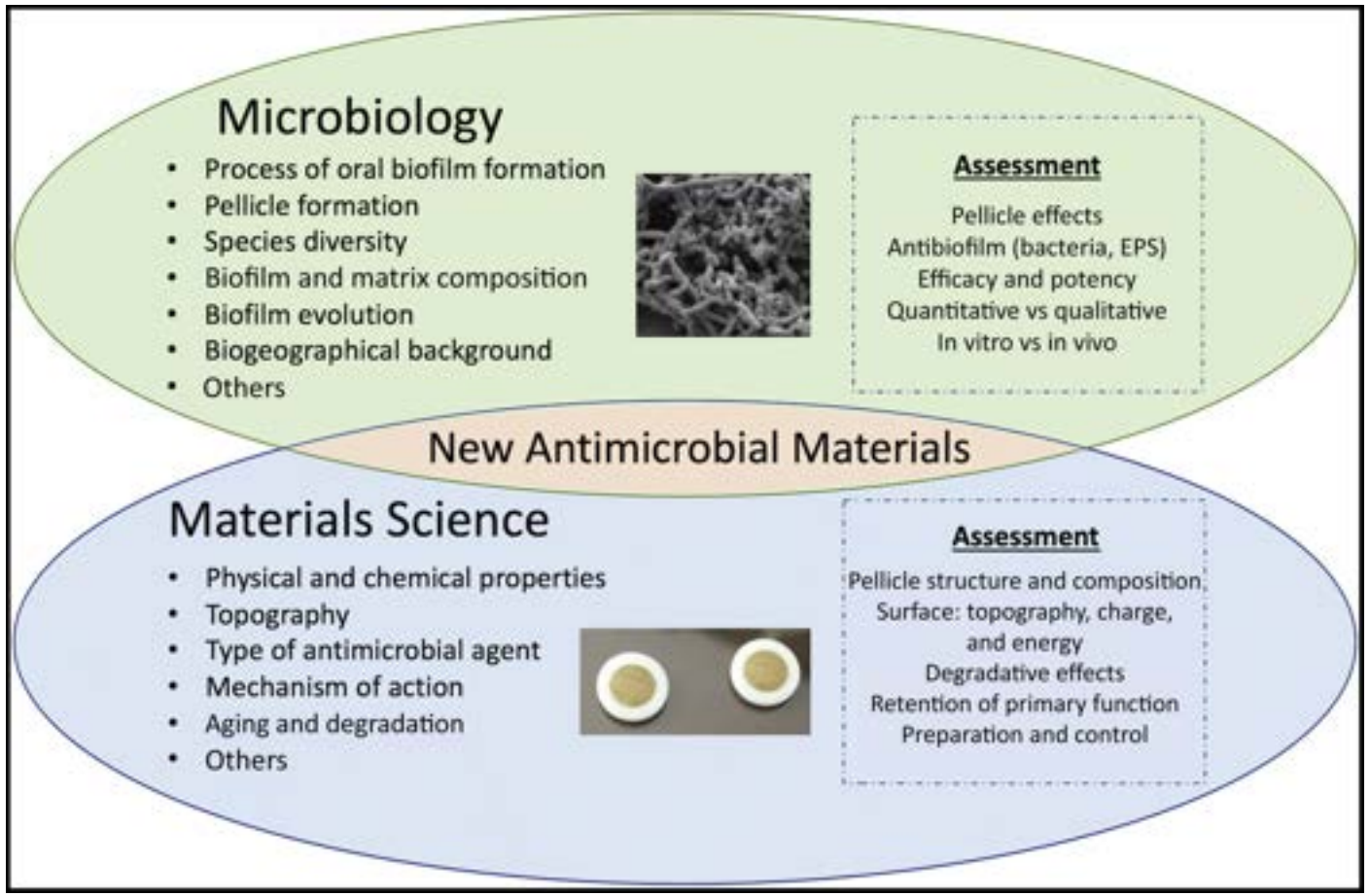
ZEROSTOMIA
Dry Mouth

- Symptoms:
  - Bad breath
  - Cracked lips
  - Altered sense of taste
  - Increased thirst
  - Sticky dry sensation in the mouth
  - difficulty chewing, swallowing, and speaking
  - Burning, itchy sensation mouth/throat
  - Difficulty fitting dentures

ZEROSTOMIA CAUSES

- Certain medicines
- Underlying conditions
- Radiation Therapy – Head and neck
- Chemotherapy drugs
- Dehydration
- Mouth Breathing
- Diuretic – Water Pills – high blood pressure

Biofilm

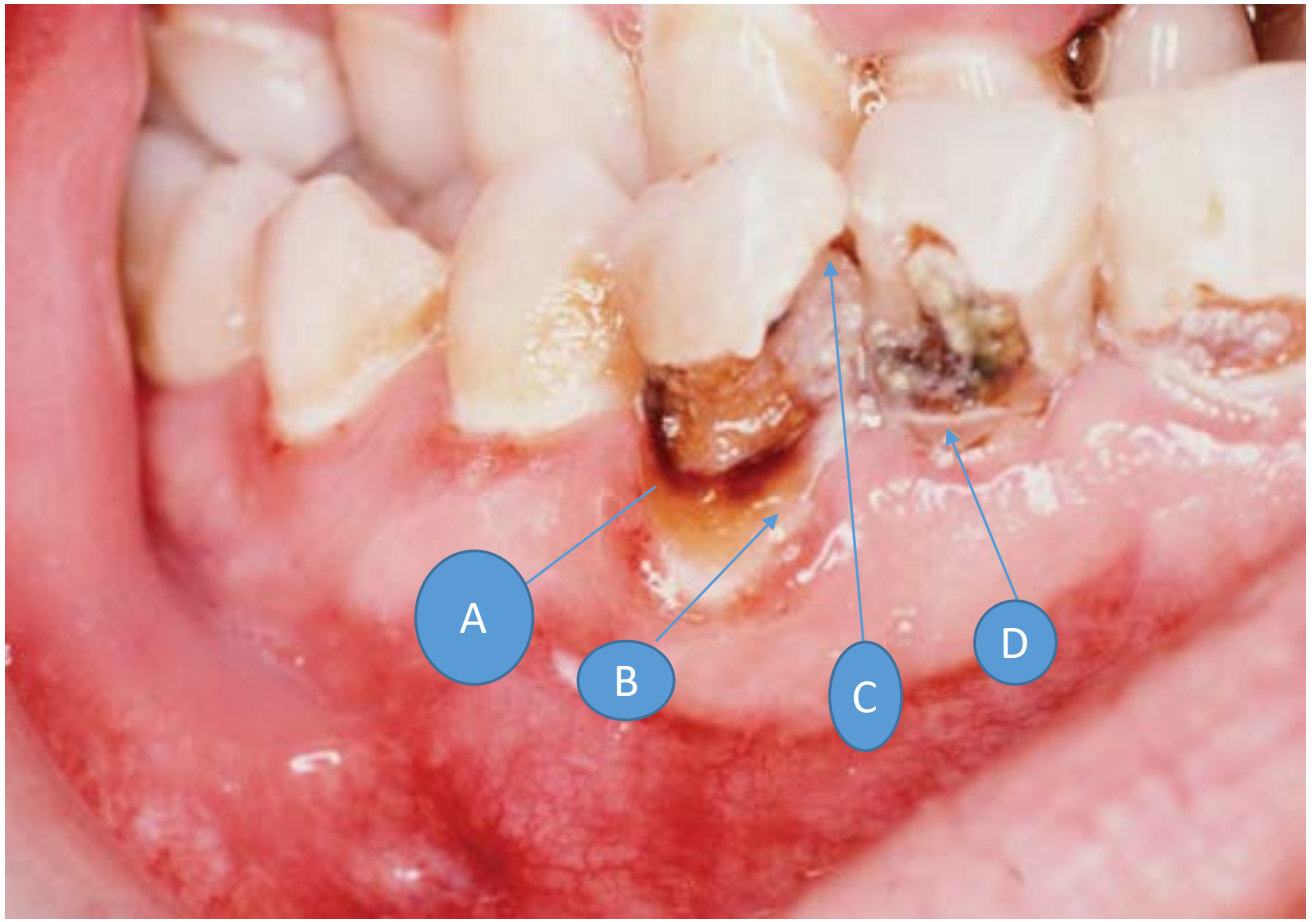

Microbiology
Process of oral biofilm formation
Pellicle formation
Species diversity
Biofilm and matrix composition
Biofilm evolution
Biogeographical background
Others
Assessment
Pellicle effects
Antibiofilm (bacteria, EPS)
Efficacy and potency
Quantitative vs qualitative
In vitro vs in vivo
New Antimicrobial Materials
Materials Science
Physical and chemical properties
Topography
Type of antimicrobial agent
Mechanism of action
Aging and degradation
Others
Assessment
Pellicle structure and composition
Surface: topography, charge, and energy
Degradative effects
Retention of primary function
Preparation and control

- https://images.app.goo.gl/2cdM4r32EKj6UCkV9

https://www.youtube.com/watch?v=nxADhv047Y8

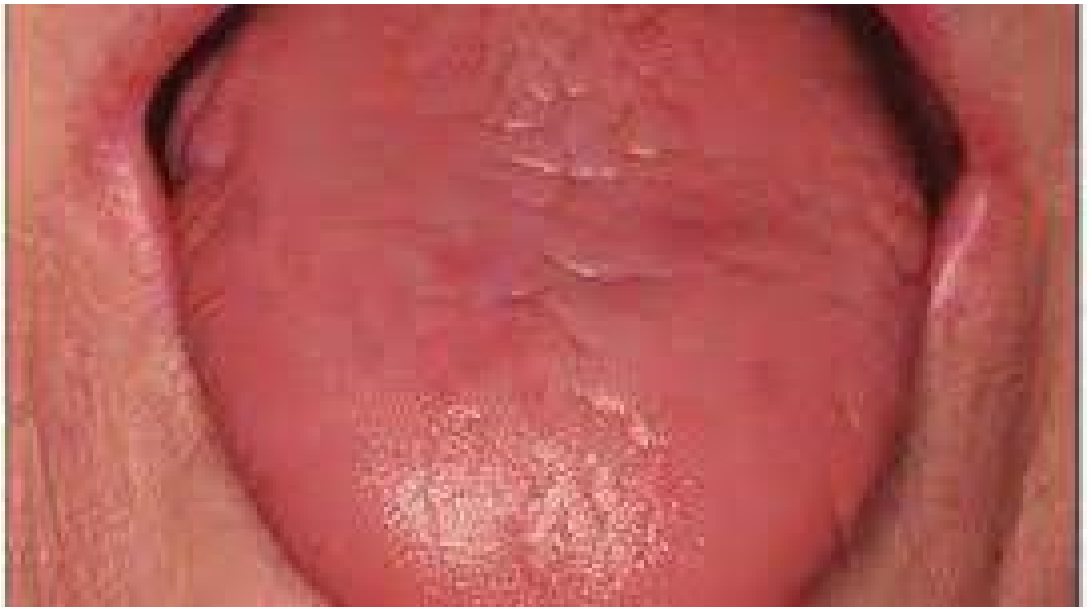
SALIVA PROTECTS TEETH AND GUMS

A) SECONDARY DENTIN
B) INFLAMMED GUMS
C) BIOFILM
D) GINGIVAL RECESSION



STOMATITIS AND ANGULAR CHEILITIS

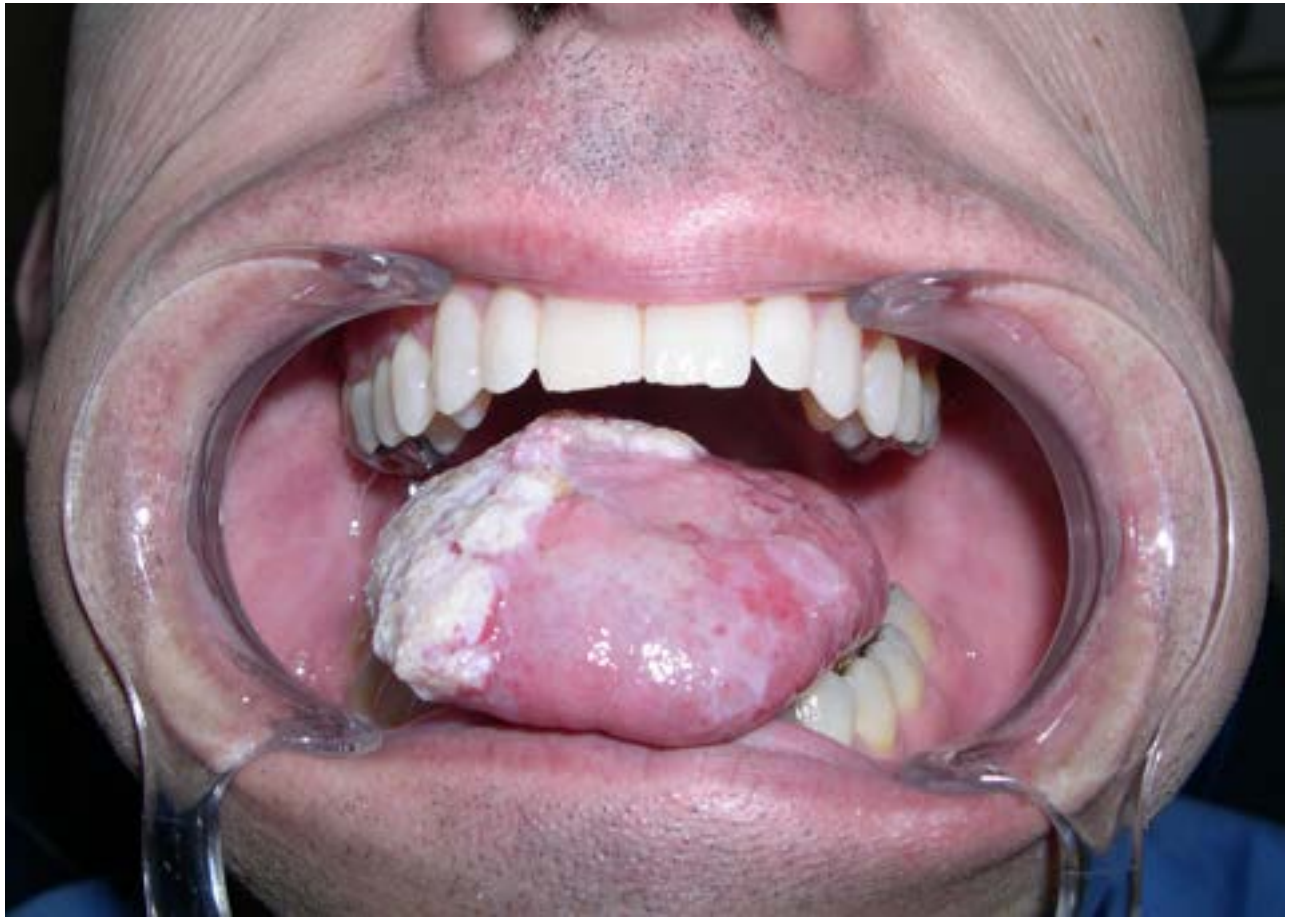
NEOSPORIN



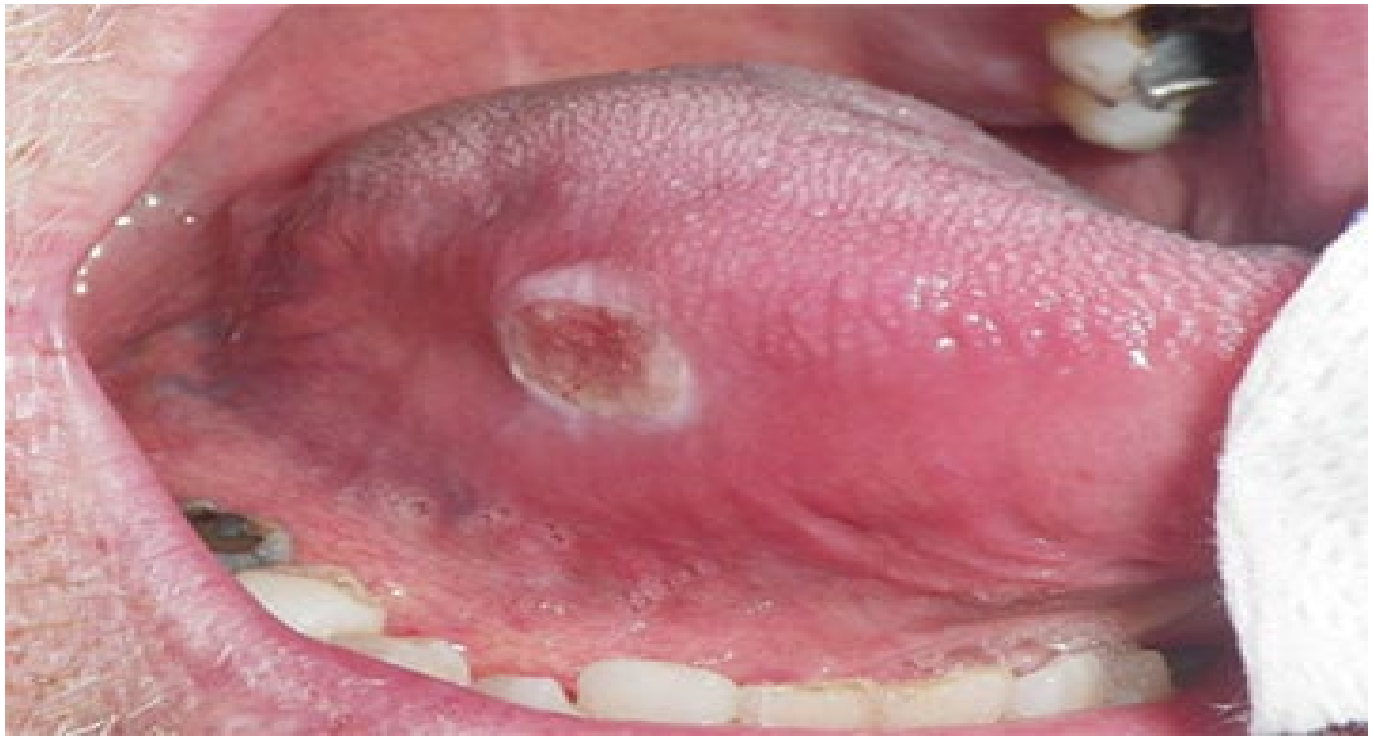
Oral Cancer Screen
“What Are We Looking For”

- *“Flies in the ointment*” Idiom-describes a minor flaw or problem that spoils an otherwise excellent situation.ie lumps, bumps, irritations, wounds, discolorations, painful

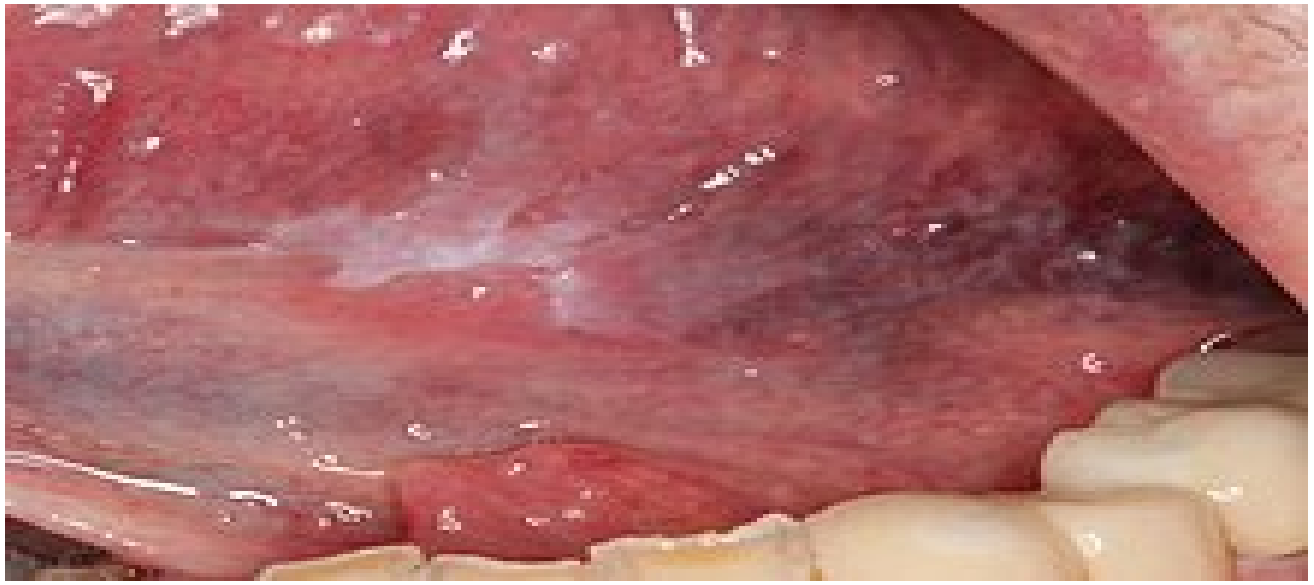
SQUAMOUS CELL CARSINOMA



SQAMOUS CELL CARSINOMA



SQAMOUS CELL CARSINOMA



“Listen to the Patient, Ask open ended Questions”

Armamentarium
“Oral Hygiene for residents with varying levels of Hand Dexterity”

How do you manage non compliant patients?

- Get consult from the patients physician to provide short term sedative administered 1 hour before the appointment. Sedative is expelled within 4 hours of administration
- Patient is to be monitored for the remaining of the day until the effects of the sedative has worn off.
- If the patient is resistant to the sedative and treatment is emergent we will consult with the oral surgern and perform treatment in the hospital setting
- If patient is not in pain, we will observe the patient.

Bite Blocks and Mouth Openers

Sonic Electric Toothbrush
(brushes the top teeth & bottom teeth same time)

Guess what?
This can be used as a substitute for a fluoride application tray!

Asceptico Portable Saliva Ejector Unit

Clinpro 5000 gel

After brushing, apply gel. Let sit and do not eat or drink for 30 minutes.

Dentures

- **1) Label the Upper and Lower Denture with Patient's Name**
- **2) Brush tissue, gums, beneath denture**
- **3) Brush dentures with denture cleaner and either wear/soak dentures overnight with:**
- **Efferdent, Polident, Brite, Stain away, Smile Brite, avoid bleach (stains teeth)**
- **4) Yes! Bacteria will grow on dentures**
- **5) Keep denture away pets (they love you and your dentures)**
- **6) Cracks in dentures initiate tissue overgrowth, bacteria, fungus**
- **7) Dentures should examined by dentist annually to avoid complications**

EMESIS Basin

Denture Care

https://youtu.be/h3M7gHqzSi4?si=i8upEAOl4oVMMT9b

Oral Care/Dementia/Alzheimer's

Approach each appointment

- With the goal of mitigating patient anxiety and fear.
- With an attitude focused on completing the objective for today.
- Scan the room for safety hazards .
- Acknowledge that you are the stranger in the room.
- Connect with the patient.i e. pictures, trophies , awards, sports teams, TV Program, radio program, music, books, flowers, plants, outside, birds, trees.
- The perfect communication conduit to advance communications and trust is the patients it's immediate caretaker. "Optimal time of day for treatment , length of time. Distraction music; patient passive or active during treatment. Does patient loose focus during treatment session.
- End patient treatment in celebration of completion
- Established next treatment date in the mind of the patient. Reinforce with calendar or visual appointment card.
- Implant team members identity in the patients mind by using their names while using the patient's name lavishly.
- The objectives are to increase: communication, trust, safety, oral health
- Follow the patient's pace as you mindfully guide with care towards a successful appointment.

- https://youtu.be/kskiEKghjAE?si=H1IEV8HCimS7Guzh
-