| Patient Information | | De | ntal | Insurance | |
|--|--|---|---|--|--|
| Date | Wh | n is resn | onsible fo | or this account? | |
| SS/HIC/Patient ID # | | | | nt | |
| | | | | | |
| Patient Name Last Name | | | | 49.79 | |
| First Name | | | | | |
| Address | 1 15 K | | - M. 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - 1816 - | additional insurance? Yes | |
| | | | | | *************************************** |
| E-mail | | | | S\$# | |
| City | 1 1 2 000 | ationship | to Patie | nt | |
| StateZip | I Insu | rance C | O | | |
| Sex M F Age | Gro | up # | te benneste en i til til til til til til til til til t | et det schrift schrift in the description to the schrift of the commence of the schrift of the s | to the first of the first of the commence of the contract of t |
| Birthdate | | | T AND RE | | |
| ☐ Married ☐ Widowed ☐ Single | ☐ Minor | ruiy ina | t i, and/ | or my dependent(s), have insuran | |
| ☐ Separated ☐ Divorced ☐ Partnered for | oryears | N | ame of Ins | urance Company(ies) | assign directly to |
| Patient Employer/School | Dr | | | all in | |
| Occupation | | | | to me for services rendered. I und or all charges whether or not paid by in- | |
| Employer/School Address | the | use of my | signature | on all insurance submissions. | |
| | | | | st may use my health care information above-named Insurance Company(les) | |
| Employer/School Phone () | the p | | | payment for services and determining or related services. This consent will er | |
| Spouse's Name | treat | | | oted or one year from the date signed t | |
| Birthdate | | Signati | ure of Pati | ent, Parent, Guardian or Personal Repr | resentative |
| SS# | | | | | |
| Spouse's Employer | P | lease prin | I name of | Patient, Parent, Guardian or Personal I | Representative |
| | - Administration of the second | | Date | Relationship to | n Patient |
| Whom may we thank for referring you? | | *************************************** | | | |
| Phone Numbers | | | | | |
| Home () | Work () | | Ext | Alt. Phone () | |
| Spouse's Work () | Best time and place to reach you | | | | |
| IN CASE OF EMERGENCY, CONTACT (Specify s | The Control of the Co | | old.) | er eg er | *************************************** |
| Name | Relation | nship | | arian an ann an mailtean an a | |
| Phone () | Alt. Pho | one (|) | | |
| (A) D | | | | | |
| Dental History | | | | NEW STATE OF THE S | |
| Reason for today's visit | Burning sensation on tongue | Yes | □No | Mouth breathing | ☐ Yes ☐ No |
| | Chew on one side of mouth Cigarette, pipe, or cigar smoking | [] Yes | □ No | Mouth pain, brushing Orthodontic treatment | ☐ Yes ☐ No ☐ Yes ☐ No |
| Former Dentist | Clicking or popping jaw | Yes | □No | Pain around ear | ☐ Yes ☐ No |
| City/State | Dry mouth | Yes | ☐ No | Periodontal treatment | ☐ Yes ☐ No |
| Date of last dental visit | Fingernall biting | ☐ Yes | □ No | Sensitivity to cold | ☐ Yes ☐ No |
| Date of last dental X-rays | Food collection between the teeth Foreign objects | Yes Yes | □ No | Sensitivity to heat Sensitivity to sweets | ☐ Yes ☐ No |
| Place a mark on "yes" or "no" to indicate if you | Grinding teeth | Yes | □No | Sensitivity when biting | ☐Yes ☐ No |
| have had any of the following: | Gums swollen or tender | ☐ Yes | □ No | Sores or growths in your mouth | ☐ Yes ☐ No |
| Bad breath | Jaw pain or tiredness Lip or cheek biting | ☐ Yes | □ No | How often do you floss? | |
| Blisters on lips or mouth | Loose teeth or broken fillings | | □No | How often do you brush? | |
| | | | | | |

Dental Registration and History

| Health Histo | · · | | | | | | |
|---|--|--|--|---------------------------------|-----------------------|---|---|
| Physician's Name | | | | | | | |
| Have you ever used a bisphos | phonate medication | on? Common brand nome | e ara Esa | amay A | AFAKAI AE | Date of last visit | Marine & V |
| Have you ever taken any of the | e aroun of drugs a | ollactivaly referred to as a | fon mhand | amax, M | otonet, At | eivia, Didronei, Boniva. 📋 Yes | s [] No |
| names of phentermine), Pondi | min (fenfluramine | and Redux (dextenfluran | nine). 🗌 Ye | es [] | No . | omeinations of Ionimin, Adipex | , Fastin (brand |
| Place a mark on "yes" or "no" t | to indicate if you h | | | | | | |
| AIDS/HIV | ☐ Yes ☐ No | Epilepsy | | Yes | □ No - | Respiratory Disease | ☐ Yes ☐ No |
| Anemia Arthritis, Rheumatism | ☐ Yes ☐ No | Fainting or dizziness | | Yes | | Rheumatic Fever | ☐ Yes ☐ No |
| Artificial Heart Valves | □Yes □No □Yes □No. | Glaucoma | | | □ No | Scarlet Fever | ☐ Yes ☐ No |
| Artificial Joints | ☐ Yes ☐ No | Headaches Heart Murmur | | ☐ Yes | - | Shortness of Breath | ☐ Yes ☐ No |
| Asthma | ☐ Yes ☐ No | Heart Murmur Heart Problems | | Yes | □ No | Sinus Trouble Skin Rash | [] Yes [] No |
| Back Problems | ☐Yes ☐ No | Hepatitis Type | 74 | Yes | □ No | Special Diet | ☐ Yes ☐ No |
| Bleeding abnormally, with | | Herpes | ************************************** | Yes | □ No | Stroke | ☐ Yes ☐ No ☐ Yes ☐ No |
| extractions or surgery | ☐Yes ☐ No | High Blood Pressure | | Yes | □No | Swollen Feet or Ankles | ☐ Yes ☐ No |
| Blood Disease | ☐ Yes ☐ No | Jaundice | | Yes | ☐ No | Swollen Neck Glands | ☐ Yes ☐ No |
| Cancer | ☐ Yes ☐ No | Jaw Pain | | ☐ Yes | □ No | Thyroid Problems | ☐Yes ☐ No |
| Chemical Dependency | ☐ Yes ☐ No | Kidney Disease | | ☐ Yes | ☐ No | Tonsillitis | □Yes □No |
| Chemotherapy | ☐ Yes ☐ No | Liver Disease | | ☐ Yes | □ No | Tuberculosis | ☐ Yes ☐ No |
| Circulatory Problems | ☐ Yes ☐ No | Low Blood Pressure | | [] Yes | □ No | Tumor or growth on head | |
| Congenital Heart Lesions Cortisone Treatments | ☐ Yes ☐ No | Mitral Valve Prolapse | | Yes | □ No | or neck | ☐ Yes ☐ No |
| Cough, persistent or bloody | ☐ Yes ☐ No | Nervous Problems | | Yes | □ No | Ulcer Venereal Disease | ☐ Yes ☐ No |
| Diabetes | ☐ Yes ☐ No ☐ Yes ☐ No | Pacemaker | | Yes | Sound | Weight Loss, unexplained | ☐ Yes ☐ No |
| Emphysema | ☐ Yes ☐ No | Psychiatric Care Radiation Treatment | | Yes | A | weight coss, unexplained | ☐ Yes ☐ No |
| Do you wear contact lenses? | ☐ Yes ☐ No | riadianon neament | | ☐ Yes | L INO | | |
| Women: | | | | | | | |
| Are you pregnant? Yes | □No | Due date | | А | re vou nu | rsing? 🗀 Yes 🗀 No | |
| Taking birth control pills? ☐ Y | res [] No | *************************************** | | | , , , , , , , , , , , | .og. [_] 100 | |
| | | | | | | | |
| IVIC | dications | | | | | Allergies | |
| | | | | | | | 3 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 |
| List any medications you are cu | rrently taking and | the correlating | ∏ Asp | irin | | | retic * |
| List any medications you are cu diagnosis: | rrently taking and | the correlating | ☐ Asp | | | ☐ Local Anesth | etic |
| List any medications you are cu diagnosis: | irrently taking and | the correlating | | | (Sleepin | ☐ Local Anesth | petic |
| List any medications you are cu diagnosis: | irrently taking and | the correlating | | biturates | (Sleepin | ☐ Local Anesth | petic |
| diagnosis: | irrently taking and | the correlating | ☐ Barl | biturates leine | (Sleepin | ☐ Local Anesth g pills) ☐ Penicillín ☐ Sulfa | etic |
| Pharmacy Name | rrently taking and | the correlating | ☐ Barl | biturates leine ne | (Sleepin | ☐ Local Anesth | etic |
| diagnosis: | irrently taking and | the correlating | ☐ Barl | biturates leine ne | (Sleepin | ☐ Local Anesth g pills) ☐ Penicillín ☐ Sulfa | petic |
| Pharmacy Name Phone () | | | ☐ Barl | biturates leine ne | (Sleepin | ☐ Local Anesth g pills) ☐ Penicillín ☐ Sulfa | retic |
| Pharmacy Name Phone () | | the correlating | ☐ Barl | biturates leine ne | (Sleepin | ☐ Local Anesth g pills) ☐ Penicillín ☐ Sulfa | retic |
| Pharmacy Name Phone () Updates (To be | filled in at fo | uture appointments | ☐ Barl | biturates leine ne ex | | ☐ Local Anesth g pills) ☐ Penicillín ☐ Sulfa | petic |
| Pharmacy Name Phone () Updates (To be Has there been any change in y | filled in at fo | uture appointments | ☐ Barl ☐ Cod ☐ Iodii ☐ Late | biturates deine ne ex | lo | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other | retic |
| Pharmacy Name Phone () Updates (To be Has there been any change in) For what conditions? | filled in at for | uture appointments | ☐ Barl ☐ Cod ☐ Iodii ☐ Late | biturates deine ne ex | lo | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? | filled in at for | uture appointments | ☐ Barl ☐ Cod ☐ Iodii ☐ Late | biturates deine ne ex | lo | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicate | filled in at for your health since your health since you | uture appointments /our last dental appointme | ☐ Barl ☐ Cod ☐ Iodii ☐ Late] | biturates deine ne ex | do | ☐ Local Anesth g pills) ☐ Penicillín ☐ Sulfa ☐ Other | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature | filled in at for | Jure appointments /our last dental appointme | ☐ Barl ☐ Cod ☐ lodii ☐ Late] ont? ☐ Yes | biturates deine ne ex | lo | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicate | filled in at for | Jure appointments /our last dental appointme | ☐ Barl ☐ Cod ☐ lodii ☐ Late] ont? ☐ Yes | biturates deine ne ex | lo | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature | filled in at for | Jure appointments /our last dental appointme | ☐ Barl ☐ Cod ☐ lodii ☐ Late] ont? ☐ Yes | biturates deine ne ex | lo | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature Doctor's Signature | filled in at fi | Jure appointments Jour last dental appointments If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late | biturates deine ne ex | 10 | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature | filled in at fi | Jure appointments Jour last dental appointments If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late | biturates deine ne ex | 10 | ☐ Local Anesth g pills) ☐ Penicillin ☐ Sulfa ☐ Other Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature Doctor's Signature Has there been any change in y | filled in at for your health since your health s | Jture appointments /our last dental appointme If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late | biturates deine ne ex N N N | 0 | □ Local Anesth g pills) □ Penicillin □ Sulfa □ Other Date □ Date | |
| Pharmacy NamePhone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature Doctor's Signature Has there been any change in y For what conditions? | filled in at for your health since y | Jture appointments /our last dental appointme If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late] ent? ☐ Yes | biturates deine ne ex s | 0 | ☐ Local Anesth g pills) ☐ Penicillín ☐ Sulfa ☐ Other Date Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature Doctor's Signature Has there been any change in y | filled in at for your health since your health s | Jture appointments /our last dental appointme If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late] ent? ☐ Yes | biturates deine ne ex s | 0 | □ Local Anesth g pills) □ Penicillin □ Sulfa □ Other □ □ Date □ Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature Doctor's Signature Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature | filled in at for your health since your health s | Jture appointments /our last dental appointme If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late] ent? ☐ Yes | biturates deine ne ex s | 0 | □ Local Anesth g pills) □ Penicillín □ Sulfa □ Other □ □ Date □ Date □ Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature Doctor's Signature Has there been any change in y For what conditions? Are you taking any new medicat | filled in at for your health since your health s | Jture appointments /our last dental appointme If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late] ent? ☐ Yes | biturates deine ne ex s | 0 | □ Local Anesth g pills) □ Penicillin □ Sulfa □ Other □ □ Date □ Date | |
| Pharmacy Name Phone () Updates (To be Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature Doctor's Signature Has there been any change in y For what conditions? Are you taking any new medicat Patient's Signature | filled in at for your health since your health s | Jture appointments /our last dental appointme If so, what? | ☐ Barl ☐ Cod ☐ Iodii ☐ Late] ent? ☐ Yes | biturates deine ne ex s | 0 | □ Local Anesth g pills) □ Penicillín □ Sulfa □ Other □ □ Date □ Date □ Date | |