

## **Welcome!** Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care.

We will strive to provide you with the best possible dental care.

To help meet all your dental healthcare needs, please fill out this form completely in ink.

If you have any questions or need assistance, please ask us — we will be happy to help.

<b>Patient Information</b> (Confidential)		Patient #
		Date
Name	Soc. Sec. #	
Address		
Home Phone # Cell .		
E-Mail		
What is the best way to reach you? $\square$ Ph	one $\Box$ Text $\Box$ Mail $\Box$ E	-Mail 🗆 Other
May we leave a message for you on your	answering machine/ voi	ce mail? $\square$ Yes $\square$ No
Check Appropriate Box:   Minor   S		
If Student, Name of School/College		
Patient's or Parent's EmployerBusiness Address	City	State Zip
Spouse or Parent's Name	Employer	Work Phone
Whom May We Thank For Referring You?		
Person to Contact in Case of Emergency		Phone
Responsible Party (Must Sign Form	m)	
Name	·	hip to Patient
Address	City	State Zip
Address Cell Phone/F	Pager 1	E-Mail
Soc. Sec. # Birth date _	Dri	ver's License #
Employer		
***Is this Person or any immediate fami	ily member a patient of	our office? □ Yes □No ***
For your convenience, we offer the following methods of p	payment. Please check the option	you prefer. Payment in full at each appointment.
☐ Cash ☐ Personal Check ☐ Credit Card -Visa	, MasterCard, Discover $\Box$ I	wish to discuss the office's payment policy
<b>Insurance Information</b> (Please Pre	esent Card to be Copi	ed)
Name of Insured	-	•
Birth dateSocial Security		
Name of Employer		
Insurance Company		
Do you have additional insurance?   Yes   No		
Name of Insured	Relationship to Patie	nt Birth date
Social Security # Date Em	ployed	
Name of Insured Date Employer	Union or Local #	Work Phone
Insurance Company	Have B	enefits Been Used this Year? ☐ Yes ☐ No

			Offic	ce Phone			Date of Last Exam		
	Yes				Yes ?	No		Yes	s N
. Are you under medical treatment now?	?			rgic to or have you			11. Do you have or have you had		
. Have you ever been hospitalized for				n to the following			any of the following?	_	_
any surgical operation or serious illnes		_		netics (eg. Novocai			Rheumatic Fever		
within the last 5 years?			Penicillin					L	
If yes, please explain	_		Other Antibio	otics			8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
	-		Sulfa Drugs				Low Blood Pressure		
. Are you taking Fosamax, Aredia,	-		Barbiturates				Epilepsy/ Convulsions		
			Sedatives				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Zometa, or similar?			Iodine				Diabetes		
. Are you taking any medication(s)? non-prescription medicine(s)?			Aspirin				Kidney Diseases		
herbal remedies?			•	(ie. nickel, mercury			AIDS/HIV infection		
What are you taking?		Ш	Latex Rubbe	r			•		
What are you taking?	_		Codeine				Mental Disorders		
. Do you use tobacco?		П		e List)			Anemia		
Do you use controlled substances?			•	e heart problems?			Cancer		
. Are you wearing contact lenses?			•	nd heart problems?					
. Do you have respiratory problems?			Angina						
Asthma				Pains			71		
				Murmur					
Hay Fever/ Allergies Easily Winded			Heart A				Stomach Troubles/Ulcers		
•				c Pacemaker			Stroke		
Emphysema Tuberculosis			Heart I				Sleep Apnea/ Snoring		
Women Only:		Ш	Mitral	Valve Prolapse			Radiation Therapy		
•	<u> </u>			ken Phen-Fen/Red					
<ul><li>a) Are you pregnant/think you may be</li><li>b) Are you nursing?</li></ul>							Recent Weight Loss		
c) Are you taking oral contraceptives			Other _			_			
•	ation	1					Other		_
•	atior	ı							- S
lame of Previous Dentist and Loca			Yes 1	No					- S
Name of Previous Dentist and Local  Do your gums bleed while brushing or	· floss	ing?	Yes I	No □ 8. Do yo	u have	fred	Date of Last Exam	Yes	3
Iame of Previous Dentist and Local  Do your gums bleed while brushing or Are your teeth sensitive to hot or cold	floss	ing? ls/foo	Yes I	No □ 8. Do yo □ 9. Do yo	u have	fred	Date of Last Exam	Yes	- S
. Do your gums bleed while brushing or . Are your teeth sensitive to hot or cold . Are your teeth sensitive to sweet or sou	floss liquic ur liq	ing? ls/foo	Yes I  ds?   coods?	No □ 8. Do yo □ 9. Do yo □ 10. Do yo	u have u clenc u bite y	fred h or	Date of Last Exam quent headaches? r grind your teeth?	Yes	5
. Do your gums bleed while brushing or . Are your teeth sensitive to hot or cold . Are your teeth sensitive to sweet or sor . Do you feel pain to any of your teeth?	floss liquic ur liq	ing? ls/focuids/	Yes I  ds?   foods?	No	u have u clenc u bite y	frech or	Date of Last Examquent headaches? r grind your teeth? r lips or cheeks frequently?	Yes	- S
Patient Dental History Name of Previous Dentist and Local Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or so Do you feel pain to any of your teeth? Do you have any sores or lumps in or a Have you had any head, neck or jaw in	floss liquid ur liqu near y	ing? ls/foo uids/ vour i	Yes I  ds?  foods?	No	u have u clenc u bite y	frech or our diane	Date of Last Examquent headaches? r grind your teeth? r lips or cheeks frequently? y difficult extractions in the past? ad any prolonged bleeding	Yes	5
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold. Are your teeth sensitive to sweet or so. Do you feel pain to any of your teeth? Do you have any sores or lumps in or not have you had any head, neck or jaw in	floss liquid ur liqu near y	ing? ls/foo uids/ vour i	Yes 1  ds?   foods?   nouth?	No	u have u clenc u bite y you had you eve ving ex	frech or our l an er ha	Date of Last Examquent headaches? r grind your teeth? r lips or cheeks frequently? y difficult extractions in the past? ad any prolonged bleeding	Yes	8
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold. Are your teeth sensitive to sweet or so. Do you feel pain to any of your teeth? Do you have any sores or lumps in or a Have you had any head, neck or jaw in	floss liquid ur liqu near y	ing? ls/foo uids/ vour i	Yes 1  ds?   foods?   nouth?	No	u have u clenc u bite y you hac you eve ving ex you eve u wear	frech or your d an er ha trac er ha	Date of Last Examquent headaches? r grind your teeth? lips or cheeks frequently? y difficult extractions in the past? ad any prolonged bleeding ctions? ad any orthodontic treatment? attures or partials?	Yes	5
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or sor Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the	floss liquid ur liqu near y	ing? ls/foo uids/ vour i	Yes I  ds?  coods?  nouth?	No	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c	frech or our har har har har har har har har har ha	Date of Last Exam quent headaches? r grind your teeth? r lips or cheeks frequently? y difficult extractions in the past? ad any prolonged bleeding ctions? ad any orthodontic treatment? atures or partials? lacement	Yes	8
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or so Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?	floss liquid ur liqu near y	ing? ls/foo uids/ vour i	Yes I  ds?   foods?   nouth?	No	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c	frech or our dan trac er ha den of pl	Date of Last Exam quent headaches? r grind your teeth? r lips or cheeks frequently? y difficult extractions in the past? ad any prolonged bleeding etions? ad any orthodontic treatment? attures or partials? lacement eccived oral hygiene instructions	Yes	5
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or sor Do you feel pain to any of your teeth? Do you have any sores or lumps in or Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking	floss liquid ur liqu near y	ing? ls/foo uids/ vour i	Yes I	No	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c you eve ing the	frech or our dan er ha er ha den of pl er re	Date of Last Exam quent headaches? regrind your teeth? relips or cheeks frequently? ry difficult extractions in the past? and any prolonged bleeding retions? and any orthodontic treatment? returnes or partials? lacement received oral hygiene instructions ree of your teeth and gums?	Yes	5
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or sor Do you feel pain to any of your teeth? Do you have any sores or lumps in or Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking  Pain (joint, ear, side of face)	floss liquid ur liqu near y	ing? ls/foo uids/ vour i	Yes I	No	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c you eve ing the	frech or our dan er ha er ha den of pl er re	Date of Last Exam quent headaches? regrind your teeth? relips or cheeks frequently? ry difficult extractions in the past? and any prolonged bleeding retions? and any orthodontic treatment? returnes or partials? lacement received oral hygiene instructions ree of your teeth and gums?	Yes	5
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or sor Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking  Pain (joint, ear, side of face)  Difficulty in opening or closing  Difficulty in chewing	floss liquid ur liq near y njuries follov	ing? ls/foo uids/ vour i	Yes I  ds?  nouth?	No	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c you eve ing the	frech or our dan er ha er ha den of pl er re	Date of Last Exam quent headaches? regrind your teeth? relips or cheeks frequently? ry difficult extractions in the past? and any prolonged bleeding retions? and any orthodontic treatment? returnes or partials? lacement received oral hygiene instructions ree of your teeth and gums?	Yes	S
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold. Are your teeth sensitive to sweet or sor. Do you feel pain to any of your teeth? Do you have any sores or lumps in or in. Have you had any head, neck or jaw in. Have you ever experienced any of the problems in your jaw?  Clicking  Pain (joint, ear, side of face)  Difficulty in opening or closing Difficulty in chewing  Authorization and Relea	floss liquid ur liquid near y njuries follow	ing? ds/foo uids/ our i s? wing	Yes I	No	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c you eve ing the u like y	frech of course had been dended to course the course of plants of plants of plants of course of course of course of course of the course of th	Date of Last Exam quent headaches? regrind your teeth? relips or cheeks frequently? ry difficult extractions in the past? and any prolonged bleeding retions? and any orthodontic treatment? returnes or partials? received oral hygiene instructions re of your teeth and gums? resmile?	Yes	
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or son Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking  Pain (joint, ear, side of face)  Difficulty in opening or closing Difficulty in chewing  Authorization and Releacertify that I have read and understand to	floss liquid ur liquid near ynjuries follow	ing? ds/foo uids/ vour 1 s? wing	Yes I  ds?   foods?   nouth?   nouth?   nouth?   nouth   nouth	No	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c you eve ling the u like y	frech or course had an arranged had an arranged had arranged had a		Yes	, Y
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or sor Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking  Pain (joint, ear, side of face)  Difficulty in opening or closing Difficulty in chewing  Authorization and Releace tify that I have read and understand to aswered. I understand that providing income	floss liquid ur liquid near y njuries follow	ing?  ds/foo  uids/  vour 1  s?  wing	Yes I  ds?	No  8. Do yo  9. Do yo  10. Do yo  11. Have y  follow  13. Have y  14. Do yo  If yes  15. Have y  regard  16. Do yo	u have u clencu bite you had you ever wear, date of you ever ing the u like you eledge anealth.	frech or courself and a courself and		Yes	y
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or sor Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking Pain (joint, ear, side of face) Difficulty in opening or closing Difficulty in chewing  Authorization and Releace tify that I have read and understand to a swered. I understand that providing incepalth or patient information. I authorize	floss liquid ur liquid near y njuries follow	ing?  ds/foor to the second of	Yes I  ds?	No  8. Do yo  9. Do yo  10. Do yo  11. Have y  follow  13. Have y  14. Do yo  If yes  15. Have y  regard  16. Do yo  are best of my know dangerous to my have y  treat me or my ch	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c you eve iing the u like y	free free frour frour fracer ha free free free free free free frour frour free free frour free free frour free free free free free free free fr		Yes	y
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or sor Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking Pain (joint, ear, side of face) Difficulty in opening or closing Difficulty in chewing  Authorization and Releace tify that I have read and understand to asswered. I understand that providing inceptable of treatment or exams renders and records of treatment or exams renders.	floss liquid ur liquid near y njuries follow	ing?  ds/foour to the second of the second o	Yes I  ds?	No  8. Do yo  9. Do yo  10. Do yo  11. Have y  12. Have y  follow  13. Have y  14. Do yo  If yes  15. Have y  regard  16. Do yo  the best of my know, dangerous to my h treat me or my ch  g the period of suc	u have u clenc u bite y you hac you eve ving ex you eve u wear , date c you eve iing the u like y ledge a nealth. iid, anc ch Dent	frech or our land and and and and and and and and and		Yes	i.
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold. Are your teeth sensitive to sweet or so. Do you feel pain to any of your teeth? Do you have any sores or lumps in or 1. Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking Pain (joint, ear, side of face) Difficulty in opening or closing Difficulty in chewing  Authorization and Releace tify that I have read and understand to any swered. I understand that providing inceeds the reactioners. I authorize and request my	r floss liquid ur liquid near y njuries follow	ing?  ds/foo uids/  vour 1  s? wing  oove 1  tinfientis: me 6 ance	Yes I  ds?	No  8. Do yo  9. Do yo  10. Do yo  11. Have y  12. Have y  14. Do yo  15. Have y  16. Do yo  are best of my know, dangerous to my have yellow the denoted of such directly to the denoted in the denoted	u have u clenc u bite y you had you ever you ever you ever ing the u like y ledge a nealth. I ild, and ch Dent tist for	frech or cour land and a land and a land a l		Yes	y is
Authorization and Relea  certify that I have read and understand in swered. I understand that providing in cealth or patient information. I authorize and request my inderstand that my dental insurance carrendered on my behalf or my dependents.	r floss liquid ur liquid near yn juries follow follow feel to alto correct the alto correct the direct to insurier martier martier martier fil d	ing?  ds/foo uids/ your 1 s? wing  oove i sentist me o ance ay po efaul	Yes I	No	u have u clenc u bite y you had you ever war, date o you ever ing the u like y ledge a health. I ild, and the Dent tist for tes. I agesponsi	frech or course had a see	Date of Last Exam quent headaches? regrind your teeth? relips or cheeks frequently? ry difficult extractions in the past? ad any prolonged bleeding retions? ad any orthodontic treatment? received oral hygiene instructions re of your teeth and gums? resmile?  the above questions have been accurate to notify the office of any change lease any information including dia reare to third party payors and/or he returned benefits otherwise payable to the to be responsible for payment of a for all finance charges and/or colle	Yes	is
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold. Are your teeth sensitive to sweet or so. Do you feel pain to any of your teeth? Do you have any sores or lumps in or a Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking  Pain (joint, ear, side of face)  Difficulty in opening or closing  Difficulty in chewing  Authorization and Releace tify that I have read and understand to the swered. I understand that providing inceeds the reactioners. I authorize and request my inderstand that my dental insurance carrendered on my behalf or my dependents. Industries incurred. I am away and attorney expenses incurred.	r floss liquid ur liquid near yn juries follow follow feel to alto correct the alto correct the direct to insurier martier martier martier fil d	ing?  ds/foo uids/ your 1 s? wing  oove i sentist me o ance ay po efaul	Yes I	No	u have u clenc u bite y you had you ever war, date o you ever ing the u like y ledge a health. I ild, and the Dent tist for tes. I agesponsi	frech or course had a see	Date of Last Exam quent headaches? regrind your teeth? relips or cheeks frequently? ry difficult extractions in the past? ad any prolonged bleeding retions? ad any orthodontic treatment? received oral hygiene instructions re of your teeth and gums? resmile?  the above questions have been accurate to notify the office of any change lease any information including dia reare to third party payors and/or he returned benefits otherwise payable to the to be responsible for payment of a for all finance charges and/or colle	Yes	y is
Do your gums bleed while brushing or Are your teeth sensitive to hot or cold Are your teeth sensitive to sweet or son Do you feel pain to any of your teeth? Do you have any sores or lumps in or I Have you had any head, neck or jaw in Have you ever experienced any of the problems in your jaw?  Clicking Pain (joint, ear, side of face) Difficulty in opening or closing Difficulty in chewing  Authorization and Releates that I have read and understand the sweed. I understand that providing incented records of treatment or exams render tractitioners. I authorize and request my inderstand that my dental insurance carrendered on my behalf or my dependents.	r floss liquid ur liquid near yn juries follow follow feel to alto correct the alto correct the direct to insurier martier martier martier fil d	ing?  ds/foo uids/ your 1 s? wing  oove i sentist me o ance ay po efaul	Yes I	No	u have u clenc u bite y you had you ever war, date o you ever ing the u like y ledge a health. I ild, and the Dent tist for tes. I agesponsi	frech or course had a see	Date of Last Exam quent headaches? regrind your teeth? relips or cheeks frequently? ry difficult extractions in the past? ad any prolonged bleeding retions? ad any orthodontic treatment? received oral hygiene instructions re of your teeth and gums? resmile?  the above questions have been accurate to notify the office of any change lease any information including dia reare to third party payors and/or he returned benefits otherwise payable to the to be responsible for payment of a for all finance charges and/or colle	Yes	y is