Patient Information		Dental Insurance			
Date	W	Who is responsible for this account?			
SS/HIC/Patient ID #					
Patient Name		Relationship to Patient Insurance Co			
Last Name		Group #			
First Name	Middle Initial				
Address		Is patient covered by additional insurance?  Yes  No			
E-mail		irthdateSS#			
City		Relationship to Patient			
StateZip		nsurance Co.			
Sex M F Age		Froup #			
Birthdate		SSIGNMENT AND RELEASE			
☐ Married ☐ Widowed ☐ Single		certify that I, and/or my dependent(s), have insurance coverage with			
	for years	Name of Insurance Company(ies) and assign directly to			
Patient Employer/School	Dr	r all insurance benefits, if			
Occupation	an fin	ny, otherwise payable to me for services rendered. I understand that I am nancially responsible for all charges whether or not paid by insurance. I authorize			
Employer/School Address	the	e use of my signature on all insurance submissions.			
	Th su	he above-named dentist may use my health care information and may disclose uch information to the above-named Insurance Company(ies) and their agents for			
Employer/School Phone ()	the	e purpose of obtaining payment for services and determining insurance benefits the benefits payable for related services. This consent will end when my current			
Spouse's Name	tre	eatment plan is completed or one year from the date signed below.			
Birthdate	The second secon	Signature of Patient, Parent, Guardian or Personal Representative			
SS#					
Spouse's Employer		Please print name of Patient, Parent, Guardian or Personal Representative			
Whom may we thank for referring you?		Date Relationship to Patient			
Phone Numbers					
Home ()	Work ()	Ext Alt. Phone ()			
Spouse's Work ()					
IN CASE OF EMERGENCY, CONTACT (Specify					
Name		tionship			
Phone ()	Alt. P	Phone ()			
Dental History					
Reason for today's visit	Burning sensation on tongue	☐ Yes ☐ No Mouth breathing ☐ Yes ☐ No			
	Chew on one side of mouth	☐ Yes ☐ No Mouth pain, brushing ☐ Yes ☐ No			
Former Dentist	Cigarette, pipe, or cigar smokir Clicking or popping jaw	55A 25E_A			
City/State	Dry mouth	Yes     No     Pain around ear     Yes     No       Yes     No     Periodontal treatment     Yes     No			
Date of last dental visit	Fingernail biting	☐ Yes ☐ No Sensitivity to cold ☐ Yes ☐ No			
Date of last dental X-rays	Food collection between the teet Foreign objects	th Yes No Sensitivity to heat 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 Yes No Bleeding gums Yes No	Jaw pain or tiredness Lip or cheek biting	☐ Yes ☐ No How often do you floss?			
Blisters on lips or mouth ☐ Yes ☐ No	Loose teeth or broken fillings	Yes No How often do you brush?			

**Dental Registration and History** 

Health Histor	-y				
Physician's Name				Date of last visit	
	phonate medication	n? Common brand names	are Fosamax, Actonel, Al	telvia, Didronel, Boniva. Yes	□No
	e group of drugs co	llectively referred to as "fe	n-phen?" These include c	ombinations of Ionimin, Adipex, F	The state of the s
Place a mark on "yes" or "no" t	o indicate if you ha	ve had any of the followin	g:		
AIDS/HIV	☐ Yes ☐ No	Epilepsy	☐ Yes ☐ No	Respiratory Disease	☐ Yes ☐ No
Anemia	☐ Yes ☐ No	Fainting or dizziness	☐ Yes ☐ No	Rheumatic Fever	☐ Yes ☐ No
Arthritis, Rheumatism	☐ Yes ☐ No	Glaucoma	☐ Yes ☐ No	Scarlet Fever	☐ Yes ☐ No
Artificial Heart Valves	Yes No	Headaches	☐ Yes ☐ No	Shortness of Breath	☐ Yes ☐ No
Artificial Joints	Yes No	Heart Murmur	☐ Yes ☐ No	Sinus Trouble	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Heart Problems	☐ Yes ☐ No	Skin Rash	☐ Yes ☐ No
Back Problems	☐ Yes ☐ No	Hepatitis Type	Yes No	Special Diet	☐ Yes ☐ No
Bleeding abnormally, with		Herpes	☐ Yes ☐ No	Stroke	☐ 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	☐ Yes ☐ No	Mitral Valve Prolapse	☐ Yes ☐ No	or neck	☐ Yes ☐ No
Cortisone Treatments	☐ Yes ☐ No	Nervous Problems	☐ Yes ☐ No	Ulcer	☐ Yes ☐ No
Cough, persistent or bloody	_ Yes ☐ No	Pacemaker	☐ Yes ☐ No	Venereal Disease	☐ Yes ☐ No
Diabetes	Yes No	Psychiatric Care	☐ Yes ☐ No	Weight Loss, unexplained	☐ Yes ☐ No
Emphysema	☐ Yes ☐ No	Radiation Treatment	☐ Yes ☐ No		
Do you wear contact lenses?	☐ Yes ☐ No				
Women:					
	□No	Due date	Are you n	ursing? 🗌 Yes 🔲 No	
Taking birth control pills?	Yes No				
Me	edications			Allergies	
List any medications you are co		the correlating	☐ Aspirin	Allergies	etic
NO.		the correlating	☐ Aspirin ☐ Barbiturates (Sleepi	☐ Local Anesthe	etic
List any medications you are co		the correlating		☐ Local Anesthe	etic
List any medications you are codiagnosis:	urrently taking and		☐ Barbiturates (Sleepi	☐ Local Anesthe	etic
List any medications you are codiagnosis:	urrently taking and		☐ Barbiturates (Sleepi	☐ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()	urrently taking and		☐ Barbiturates (Sleepi☐ Codeine☐ Iodine☐ Latex	☐ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()	urrently taking and		☐ Barbiturates (Sleepi☐ Codeine☐ Iodine☐ Latex	☐ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()	urrently taking and , e filled in at fo	uture appointments	☐ Barbiturates (Sleepi☐ Codeine☐ Iodine☐ Latex☐	☐ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in	e filled in at for	uture appointments	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex  Pent? ☐ Yes ☐ No	☐ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To b)  Has there been any change in For what conditions?	e filled in at for	uture appointments your last dental appointme	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex  Pent? ☐ Yes ☐ No	☐ Local Anesthe ing pills) ☐ Penicillin ☐ Sulfa ☐ Other	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To b)  Has there been any change in For what conditions?	e filled in at for your health since stations?	uture appointments your last dental appointme	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex  Pent? ☐ Yes ☐ No	☐ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions?  Are you taking any new medical Patient's Signature	e filled in at for your health since stations?	uture appointments your last dental appointme	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex  Pent? ☐ Yes ☐ No	☐ Local Anesthe	
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List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To be the start of the start	e filled in at for your health since stations?	uture appointments your last dental appointme  If so, what?	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex  Pent? ☐ Yes ☐ No	☐ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions?  Are you taking any new medication and the statement's Signature Doctor's Signature  Has there been any change in the statement of the state	e filled in at for your health since stations?	uture appointments your last dental appointme  If so, what?  your last dental appointme	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex   Pent? ☐ Yes ☐ No	□ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions?  Are you taking any new medication and the same that there been any change in Patient's Signature  Doctor's Signature  Has there been any change in For what conditions?	e filled in at for your health since stations?	your last dental appointme  If so, what?  your last dental appointme	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex  Pent? ☐ Yes ☐ No	□ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions?  Are you taking any new medication and the second transport of the second transport	e filled in at for your health since stations?	your last dental appointme  If so, what?  your last dental appointme	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex    Pent? ☐ Yes ☐ No	□ Local Anesthe	
List any medications you are codiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions?  Are you taking any new medications?  Doctor's Signature  Has there been any change in For what conditions?	e filled in at for your health since stations?	your last dental appointme  If so, what?  your last dental appointme	☐ Barbiturates (Sleepi ☐ Codeine ☐ Iodine ☐ Latex    Pent? ☐ Yes ☐ No	□ Local Anesthe	