Patient Information		Denta	l Insurance	
Tatient information		W Dente	i mourtinee	
Date		Who is responsible for this account?		
Patient		Relationship to Patient		
Address		Insurance Co		
		Group #		
		Is patient covered by additional insurance? Yes No		
		Subscriber's Name		
Single Married Widowed Separated Divorced		BirthdateSS#		
		Relationship to Patient		
Occupation		Insurance Co		
Employer		Group #		
Employer Address		ASSIGNMENT AND		
Employer Phone		I, the undersigned certify that I (or my dependent) have insurance coverage with and assign directly to		
Spouse's Name		Dr all insurance benefits, if any,		
BirthdateSS#		otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize		
Occupation		the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.		
Spouse's Employer				
Whom may we thank for referring you?		Responsible Party Sign	ature	
Whom may we thank for referring your.		Relationship Date		
Home Work_ Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Spendame	ecify someone who does no	ot live in your housel	hold.)	
Home Phone	vvor	k Phone		71000
Dental History				
Reason for today's visit	Burning sensation	☐ Yes ☐ No	Loose teeth or broken	☐ Yes ☐ No
Tiodsoff for today o visit	on tongue Chew on one side	Yes No	fillings Mouth breathing	☐ Yes ☐ No
	of mouth Cigarette, pipe, or	☐ Yes ☐ No	Mouth pain, brushing	☐ Yes ☐ No
Former Dentist	cigar smoking	☐ Yes ☐ No	Orthodontic treatment Pain around ear	☐ Yes ☐ No ☐ Yes ☐ No
City/State	Clicking or popping jaw Dry mouth	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 teeth	Yes No	Sensitivity to heat Sensitivity to sweets	☐ Yes ☐ No ☐ Yes ☐ No
Place a mark on "Yes" or "No" to indicate if you have had any of the following:	Foreign objects	☐ Yes ☐ No	Sensitivity when biting	Yes No
Bad breath Yes No	Grinding teeth Gums swollen or tender	☐ Yes ☐ No ☐ Yes ☐ No	Sores or growths in your mouth	☐ Yes ☐ No
Bleeding gums Yes No				
Blisters on lips or mouth Yes No	Jaw pain or tiredness Lip or cheek biting	☐ Yes ☐ No☐ Yes ☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ N	How often do you floss? How often do you brush	





Health History		
Physician's Name		Date of last visit
Place a mark on "Yes" or "No" to indicate if you have	us had any of the fallendar.	Date of last visit
	epsy Yes No	Psychiatric Care
	nting or dizziness Yes No	Radiation Treatment Yes No
	ucoma Yes No	Respiratory Disease Yes No
	daches Yes No	Rheumatic Fever Yes No
	rt Murmur Yes No	Scarlet Fever Yes No
		Shortness of Breath Yes No
Tvi		Sinus Trouble Yes No
Bleeding abnormally, with extractions or surgery Yes No		Skin Rash Yes No
Blood Disease Yes No High	Blood Pressure Yes No	Stroke Yes No
Cancer Yes No	Positive Yes No	Swelling of Feet or
Chemical Dependency Yes No	ndice Yes No	Ankles Yes No
Chemotherapy	Pain Yes No	Swollen Neck Glands Yes No
Circulatory Propiems Yes No	ney Disease Yes No	Thyroid Problems
Congenital Heart Lesions Yes No	r Disease Yes No No No	Tonsillitis Yes No
Cortisone Treatments Yes No	al Valve Prolapse Yes No	Tuberculosis Yes No
Cough, persistent or	vous Problems Yes No	Tumor or growth on
bloody Tes INO	emaker Yes No	head or neck Yes No
Diabetes	nen:	Ulcer
Do was week	e you pregnant? Yes No	Weight Loss, Yes No
contact lenses?	e datee you nursing?	unexplained
69	7,00	
	THE RESIDENCE OF THE PARTY OF T	
Medications	\	gies
	Allerg	gies
Medications List medications you are currently taking:	Allero	□ Local Anesthetic
	Aspirin	Local Anesthetic
	☐ Aspirin ☐ Barbiturates (Sle	Local Anesthetic
List medications you are currently taking:	☐ Aspirin ☐ Barbiturates (Sle	Local Anesthetic eeping pills) Penicillin Sulfa
List medications you are currently taking: Pharmacy Name	☐ Aspirin ☐ Barbiturates (Sle	Local Anesthetic
List medications you are currently taking:	☐ Aspirin ☐ Barbiturates (Sle	Local Anesthetic eeping pills) Penicillin Sulfa
List medications you are currently taking: Pharmacy Name	☐ Aspirin ☐ Barbiturates (Sle	Local Anesthetic eeping pills) Penicillin Sulfa
List medications you are currently taking: Pharmacy Name Phone	Aspirin Barbiturates (Sle	Local Anesthetic eeping pills) Penicillin Sulfa Other
List medications you are currently taking: Pharmacy Name	Aspirin Barbiturates (Sle	Local Anesthetic eeping pills) Penicillin Sulfa
Pharmacy NamePhone	Aspirin Barbiturates (Sle	Local Anesthetic eeping pills) Penicillin Sulfa Other
Pharmacy Name_ Phone_ Updates (To be filled in at future the state of	Aspirin Barbiturates (Sle	Local Anesthetic eeping pills) Penicillin Sulfa Other
Pharmacy NamePhone	Aspirin Barbiturates (Sle Codeine lodine Latex ure appointments) ur last dental appointment? Yes	Local Anesthetic eeping pills) Penicillin Sulfa Other
Pharmacy Name	Aspirin Barbiturates (Sleen Codeine Iodine Latex Latex Late	Local Anesthetic eeping pills) Penicillin Sulfa Other
Pharmacy Name	Aspirin Barbiturates (Sleen Codeine Iodine Latex ure appointments) ur last dental appointment? Yes If so, what	Local Anesthetic eeping pills) Penicillin Sulfa Other No
Pharmacy Name	Aspirin Barbiturates (Sleen Codeine Iodine Latex ure appointments) ur last dental appointment? Yes If so, what	Local Anesthetic eeping pills) Penicillin Sulfa Other No Date Date
Pharmacy Name	Aspirin Barbiturates (Sleen Codeine Iodine Latex Latex Identify Yes If so, what Identify Yes Identify Identif	Local Anesthetic eeping pills) Penicillin Sulfa Other No Date Date
Pharmacy Name	Aspirin Barbiturates (Sleen Codeine Iodine Latex Latex Use Iodine Latex Latex Use I	Local Anesthetic eeping pills) Penicillin Sulfa Other No Date Date
Pharmacy Name	Aspirin Barbiturates (Sleen Codeine Iodine Latex Latex Use Iodine Latex Latex Use I	Local Anesthetic eeping pills) Penicillin Sulfa Other No Date Date
Pharmacy Name	Aspirin Barbiturates (Sleen Codeine Iodine Latex Latex	Local Anesthetic eeping pills) Penicillin Sulfa Other No Date Date