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.

CONTINUED ON BACK

ABOUT YOU	Insurance Coverage
Today's Date:	Primary
E-mail Address:	Dental Coverage: Yes No
Name:LAST FIRST MI MR MRS MS DR	Insurance Co. Name:
I prefer to be called: Male Female	Insurance Co. Address:
Birthdate: SS #:	Insurance Co. Phone #: (
200 PG-10 AV-07 010401 Areas and 21 Visit Areas and 21 Visit Areas are 20 Visit Areas and 20 Visit Areas are 20 Visit Areas areas are 20 Visit Areas	Group # (Plan, Local or Policy #):
Home Address:	Insured's Name: Relation:
CITY STATE ZIP	Insured's Birthdate: / / Insured's ID #:
Single Married Divorced Widowed Separated	
Hm #: (Insured's Employer:
Wk #: () Ext: DL #:	Secondary
Employer's Address:	Dental Coverage: Yes No
How long there? Occupation:	Insurance Co, Name:
Where & when are best times to reach you?	Insurance Co. Address:
Whom may we Thank for referring you?	Insurance Co. Phone #: ()
Other family members seen by us:	Group # (Plan, Local or Policy #):
Previous / Present Dentist:	Insured's Name:Relation:
Last Visit Date:	Insured's Birthdate:/ Insured's ID #:
	Insured's Employer:
Spouse Information	
STOUSE INTORMATION	In the event of an emergency, is there someone
His / Her Name:	who lives near you that we should contact?
Employer:	His / Her Name:Relation:
Wk #: () Ext: SS #:	Wk #: ()
Birthdate:/ Driver's License #:	
	MEDICAL HISTORY
Person Responsible for Account:	Do you have a personal physician?
Wk #: () Ext: Hm #: ()	Physician's Name:
Billing Address:	Phone #: () Date of last visit:
Relation: \$\$ #:	Are you currently under the care of a physician?
Employer: DL #:	Please explain:

Your current physical health is:	4- MEDICAL HISTORY continued	DENTAL HISTORY
New you ever token Floorsmax, or any other bisphosphonote? Yes No	Are you taking any prescription/ over-the-counter or herbal supplement drugs? Yes No	
Hove you ever lotan Prescribed. or any of the following diseases or medical problems? New you go ever had any of the following diseases or medical problems? N. Acharmal Breefing N. Alcomand Breefing N. Acharmal Breef	is call the	
Section President Presid	Have you ever taken Fosamax, or any other bisphosphonate? Yes No	
For Wamen: Are you using a prescribed method of birth control? Yes No Are you pragnant? Yes No Are you pragnant? Yes No Are you nursing? Yes No Are you aver had any of the following diseases or medical problems? Y N Abnormal Bleeding Y N Hepophis Y N Abnormal Bleeding Y N Hepophis Y N Abnormal Bleeding Y N Hepophis Y N Adnormal Steeding Y N Hepophis Y N Coline Y N Committed Steeding Y N Hepophis Y N Hepophis Y N Hend Surgery Y N Ucross Y N Hend Surgery Y N	Have you ever taken Phen-fen?	
Your current dental health is: Good Fair Poor	For Women: Are you using a prescribed method of birth control? Yes No	l this
Are you nursing? Yes No No	Are you pregnant? Yes No Week #:	discomfort in your jaw joint (TMJ / TMD)?
Have you ever had any of the following diseases or medical problems? Y N Abnormal Blaeding Y N Hepathis Y N Abchol / Drug Abuse Y N Hepathis Y N Androhis Y N Hepathis Y N Androhis Y N Here's Fiver Bilders Y N Androhis Y N Hit'' / ADDS Y N Antrhinis Y N Blood Tressure Y N Concer (Chemotherapy Y N Bodod Tressure Y N Concer (Chemotherapy Y N Diobeses Y N Ocality Y N Emphysema Y N Bedod Tressure Y N Diobeses Y N Science / Y N Bedod Pressure Y N Diobeses Y N Science / Y N Bedod Pressure Y N Diobeses Y N Science / Y N Bedod Pressure Y N Fortning Spells Y N Science /		Your current dental health is: Good Fair Poor
The process of the color of the colorwing diseases of medical processing the process of the proc	Ale you not saily.	Do you like your smile?
N Abnormal Bleeding Y N Alposition Y N Adnormal Bleeding Y N Alposition Y N Adnormal Y N High Blood Pressure Y N Expressive Y N Congenitor Hoard Defect Y N Difficulty Breeding Y N High Blood Pressure Y N Congenitor Hoard Defect Y N Difficulty Breeding Y N Bellood Transfusion Y N Expressive Y N Difficulty Breeding Y N Bellood Transfusion Y N Expressive Y N Difficulty Breeding Y N Bellood Transfusion Y N Expressive Y N Difficulty Breeding Y N Bellood Transfusion Y N Expressive Y N Difficulty Breeding Y N Sining Spells Y N Shingles Y N Siningles Y N Heart Amack Y N Tryevell Hodoches Y N Hoert Murmur Y N Toprocition Stroke Y N Heart Amack Y N Thyroid Problems N Heart Amack Y N Thyroid Problems Y N Heart Amack Y N Thyroid Problems 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 Loves Y N Jewelry Y N Loves Y N Jewelry Y N Loves Y N Jewelry Y N V Server Y N Siningles Y N Siningles Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Loves Y N Jewelry Y N V Server Y N N Singeles Signature MEDICAL HISTORY UPDATE Signature:	Have you ever had any of the following diseases or medical problems?	Would you like whiter teeth? Yes No Fresher breath? Yes No
Y N Arificial Bones / Johns / Valves Y N Hospitalized for Any Reason Y N Ashima Y N Kidney Problems Y N Concer / Chemotherapy Y N Low Blood Transfusion Y N Liver Disease Y N Concept / Chemotherapy Y N Low Blood Pressure Y N Colitis Y N Mitterl Valve Prolapse Pocambater Y N Dischets Y N Psychiatric Problems Y N Difficulty Breething Y N Rediction Treatment Y N Difficulty Breething Y N Rediction Treatment Y N Epilephy Y N Sciures Y N Stroke Sciures Y N Stroke Y N Heart Atlack Y N Thyroid Problems Y N Heart Atlack Y N Thyroid Problems Y N Heart Murmur Y N Tuberculosis (TB) Y N Heart Surger Y N Venered 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 Erythomycin Y N Metals Please list any other drugs/materials that you are allergic to: Are you allergic to any of the following? Y N Aspirin Y N Erythomycin Y N Metals Please list any other drugs/materials that you are allergic to: Signature Date OFFICE USE ONLY OFFICE USE ON	Y N Abnormal Bleeding Y N Hepatitis	How many times a week do you floss? a day do you brush?
Y N Arificial Bones / Johns / Valves Y N Hospitalized for Any Reason Y N Ashima Y N Blood Transfusion Y N Concer / Chemotherapy Y N Low Blood Transfusion Y N Concer / Chemotherapy Y N Low Blood Transfusion Y N Concer / Chemotherapy Y N Low Blood Pressure Y N Colitis Y N Proceember Y N Dicibetes Y N Poscember Y N Difficulty Breething Y N Rediction Treetment Y N Epilepsy Y N Sciture Y N Epilepsy Y N Sciture Y N Folining Spells Y N Sciture Y N Folining Spells Y N Sciture Y N Hord Marour Y N Stroke Y N Hord Marour Y N Hord Atlack Y N Thyroid Problems Y N Heart Marour Y N Lors Y N Heart Marour Y N Lors Y N Levely Y N Penicillin Y N Levely Y N Penicillin Y N Denid Anesthetics Y N Level Y	Y N Alcohol / Drug Abuse Y N Herpes / Fever Blisters Y N Anemia Y N High Blood Pressure	Type of bristles? Soft Medium Hard
N Ashmar Y N Kidney Problems N Blood Transfusion Y N Liver Bisesse N Concer (Chemotherapy Y N Low Blood Pressure Y N Congenial Heart Defact Y N Poscemoker Y N Dischels Y N Pythiantic Problems Y N Dischels Y N Pythiantic Problems Y N Dischels Y N Pythiantic Problems Y N Employmena Y N Employmena Y N Seizures Y N Stingles Y N Shingles Y N Shin	Y N Arthritis Y N HIV+/AIDS	Do you smoke or use tobacco in any other form?
Y N Congenital Heart Defact Y N Pecamoker Y N Disabets Y N Psychiatric Problems Rediction Irreatment Y N Epilepsy Y N Epilepsy Y N Epilepsy Y N Sciede Cell Disease / Traits Y N Freer Y N Sinus Problems Y N Glaucoma Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Att	Y N Artificial Bones / Joints / Valves Y N Hospitalized for Any Reason Y N Asthma Y N Kidney Problems	
Y N Congenital Heart Defect Y N Diabetes Y N Difficulty Breenhing Y N Redaction Treatment Y N Emphysema Y N Rebemotic / Scarle Fever Y N Emphysema Y N Rebemotic / Scarle Fever Y N Emphysema Y N Rebemotic / Scarle Fever Y N Epispay Y N Sciences Y N Schiede Cell Disease / Traits Y N Frequent Headaches Y N Sickle Cell Disease / Traits Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Attack Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Attack Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Attack Y N Thyroid Problems Y N Heart Attack Y N Heart Attack Y N Heart Attack Y N Thyroid Problems Y N Codeine Y N Sprin Y N Emphysema Y N Melots Y N Codeine Y N Jewelry Y N Penicillin Y N Denicillin Y N Codeine Y N Jewelry Y N Jewelry Y N Penicillin Y N Denicillin Y N Denicillin Y N Codeine Y N Jewelry Y N Jewelry Y N Denicillin Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Denicillin Y N Denicillin Y N Codeine Y N Jewelry Y N Denicillin Y N Den	Y N Blood Transfusion Y N Liver Disease	
Y N Hemophilia 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 Dental Anesthetics Y N Jewelry Y N Penicillin Y N Dental Anesthetics Y N Latex Y N Tetracycline Please list any other drugs/materials that you are allergic to: OFFICE USE ONLY I verbally reviewed the medical / dental information above with the patient named herein. MEDICAL HISTORY UPDATE 1. Date: Comments: Signature:	Y N Congenital Heart Defect Y N Pacemaker Y N Diabetes Y N Psychiatric Problems Y N Enghysema Y N Radiation Treatment Y N Epilepsy Y N Seizures Y N Fainting Spells Y N Frequent Headaches Y N Glaucoma Y N Sickle Cell Disease / Traits Y N Glaucoma Y N Stroke Y N Heart Attack Y N Thyroid Problems	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.
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 Codeine Y N Jewelry Y N Penicillin Y N Dental Anesthetics Y N Latex Y N Tetracycline Please list any other drugs/materials that you are allergic to: 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 I verbally reviewed the medical / dental information above with the patient named herein. Initials: Doctor's Comments: MEDICAL HISTORY UPDATE	Y N Heart Surgery Y N Ulcers	
Are you allergic to any of the following? Y N Aspirin Y N Erythromycin Y N Dental Anesthetics Y N Latex Y N Tetracycline Please list any other drugs/materials that you are allergic to: DEFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY Verbally reviewed the medical / dental information above with the patient named herein. Initials: Doctor's Comments: MEDICAL HISTORY UPDATE Signature:		
Y N Aspirin Y N Codeine Y N Jewelry Y N Dental Anesthetics Y N Latex Y N Tetracycline Please list any other drugs/materials that you are allergic to: DEFICE USE ONLY OFFICE USE ONLY I verbally reviewed the medical / dental information above with the patient named herein. MEDICAL HISTORY UPDATE 1. Date: Comments: Signature:	Trease his diffy serious intedical containonts, many you have ever mad.	
Please list any other drugs/materials that you are allergic to: 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 ONL	Y N Aspirin Y N Erythromycin Y N Metals Y N Codeine Y N Jewelry Y N Penicillin	payment of services rendered and also responsible for paying any co- payment and deductibles that my insurance does not cover.
OFFICE USE ONLY I verbally reviewed the medical / dental information above with the patient named herein. Initials:	Belle 1	
I verbally reviewed the medical / dental information above with the patient named herein. Initials:		
I verbally reviewed the medical / dental information above with the patient named herein. Initials:	CAPTURE LICE CALLY OFFICE LICE CALLY OFFICE LICE	F ONLY OFFICE LICE ONLY OFFICE LICE ONLY
Doctor's Comments:	DEFICE USE ONLY OFFICE USE ONLY OFFICE US	E UNLY OFFICE USE ONLY OFFICE USE ONLY
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1. Date:	Doctor's Comments:	
2. Date:	MEDICAL HISTORY UPDATE	
2. Date:	1. Date: Comments:	Signature:
3. Date:Signature:		
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