TELGO AEI

We would like to welcome your child to our office. Our goal is to make every child's visit pleasant and educational. Our practice is based on preventive care.

We strive to teach good oral care that will enable your child to have a beautiful smile that lasts a lifetime!

| Tell Us About Your Child | General Information |
|--|--|
| Today's Date: | |
| d's Name: | Name: Relation: |
| Last First | Do you have legal custody of this child? |
| d's Birthdate:// Child's Age: | Whom may we Thank for referring you? |
| name: Male Fen | |
| ool: Grade: | Previous / Present Dentist: Last Visit Date |
| bies: | Dentist's Phone #: () |
| d's Home #: () 55 #: | Relative or Friend not living with you: |
| d's Home Address: | Name: Phone: () |
| NOTION PRINCIPOS. | Apt/Condo# Address: |
| City State | Zip City State Zip |
| City | Lip State Lip |
| Mark to the standard of the st | |
| | Parent's Information |
| o is responsible for account? Parent's M | Marital Status ☐ Single ☐ Married ☐ Partnered ☐ Widowed ☐ Divorced ☐ Separat. |
| | |
| ather 🗆 Step Father 🗆 Guardian | □ Mother □ Step Mother □ Guardian |
| ne: Birthdate: | |
| ress: (If different than Child's) Hm #: () | Address: (If different than Child's) Hm #: () |
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| #:DL #: | 56 #: DL #: |
| #: (Ext: Cell/Other #: (| The second secon |
| | Total Control of the |
| il: | |
| oloyer: | |
| oloyer's Address: | Employer's Address: |
| City State | Zip City State Zip |
| | |
| ou have Dental Insurance Coverage for the Child, please fill ou | |
| rance Co. Name: | |
| rance Address: | Insurance Address: |
| TO THE STATE OF TH | Zin City State Zip |
| City State | |
| rance Phone: () | Insurance Phone: ()_ |
| up # (Plan, Local, or Policy #): | Group # (Plan, Local, or Policy #): |
| | (0) |
| | |
| | Release |
| | Insurance Co. and I assign all insurance benefits otherwise payable to me. I understand the |
| rtify that my child is covered by | onsible for paying any copayment and deductible that my insurance does not cover. I hereby authority |
| reanonaine for naument of services rendered and also respo | UTIDIDID TOT DAYING ANY CODAYMOND AND DOUGONIO PHAD MY MICHANICO GOOD NO COTON THOUSAND DEPORT |

| Why did you bring the child to the identical coding? Has Selectial ever taken any data pills such as PhenFers? 'Yes No (Also brown as Endaw or Pickrightin) if no, where? (Also brown as Endaw or Riverdinin) if no, where? (Also brown as Endaw or Riverdinin) if no, where? (Yes No (Also brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no, where? (Yes No (Also Brown as Endaw or Riverdinin) if no (Also Brown as Endaw or Riverdinin) in the Endaw of Riverdinin in the Endaw or | | comount of mos | Contraction | | Militaria | | |
|--|--|---|-------------------|--|-----------|-------------|--|
| Has size child over taken any dist pile such as Piter-Ferd? Yes No No No No No No No N | - Why did you bring the child to the dentist today? | | 1 | Has the child experienced the fo | llowin | a me | dical problems? |
| Application of the state of the contract of the state of | approximately the control of the con | | YN | | | | Charles of Control Control Control |
| Hes Ste child ever taken any det pills such as Pierr-For? | | 1 046 | YN | - A D. C. | Y | | |
| Has the mild are taken any det pills such as Prehner Norl No No No No No No No N | | 400 | YN | | Y | N | Control Appropriate Control |
| la the child currently in palin? No No No No No No No N | | ☐ Yes ☐ No | | Anemia | 80 | N | |
| Dees teck-hild require antibiotics before dental treatments | Is the child currently in pain? | ☐ Yes ☐ No | The second second | | | 100 | The second of th |
| Has the child owned as a serious/difficulty problem associated with providual derivative produces detail work? Y N Cancer Y N Mediales N Moronuclader Y N Mo | Does the child require antibiotics before dental treatment? | ☐ Yes ☐ No | | | Y | | |
| previous dental work? No No No No No No No N | Has the child ever had a serious/difficult problem associated w | ith | | | Y | | |
| is the child taking fluoridated supplemental? We No No Prosthetics No No Prosthetics No Prostectics No Prostate No Pro | previous dental work? | ☐ Yes ☐ No | YN | | Y | | |
| Has the child our had any pain/tendemess in his/her july plant ("MJ/TMV)" Yos No Does the child brush his/her teeth daily? Yos No Ploes the child brush his/her teeth daily? Yos No Ploes the child brush his/her teeth daily? Yos No Ploes his/her teeth daily? Yos No Ploes his/her teeth daily? Yos No Ploes design the teeth daily? Yos No Ploes design the teeth daily? Yos No Ploes design the teeth daily? Yos No Ploes describe the child's current by the teeth daily? Yos No Please describe the child's current by under the care of a physician? Yos No Please describe the child's current by taking: Yos No Please describe the child's current by taking: Yos No Please describe the child's current by taking: Yos No Please describe the child's current by taking: Yos No Please describe the child's current by taking: Yos No Please describe the child's current by taking: Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's experience any of the following? Yos No Please describe the child's the child is alrept to the child's experience any of the following? Yos No Please describe the child's the child's experience any of the following? Yos No Please describe the child's the child's experience any of the following? Yos No Please describe the child's the child's experience any of the following? Yos No Please describe the child's | Is the child's water fluoridated? | ☐ Yes ☐ No | YN | Congenital Heart Defect | Y | Ν | 1 |
| Jaw John (TMA/TMD)7 | is the child taking fluoridated supplements? | ☐ Yes ☐ No | | Convulsions | Y | Ν | Prosthetics |
| Does the child brush his/her teeth daily? | | · | | | Y | 8.0 | |
| Flose his/fire teeth daily? | | The second second second | | | Y | -2.5 | |
| Child's Projection: Date of Last Visit: | | STREET, VINCON | | | Y | | |
| Critical or Trysolicant: Date of Last Violity Phone 8; Date Options Date Options Parent/Guardian Signature Date Options Date Options Date Options Parent/Guardian Signature Date Parent/Guardian Si | | ☐ Yes ☐ No | 8 | | Y | | |
| Anything you would like to discuss with the Doctor in private? Yes No Please describe the child's current physical health: Good Fair Peor Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss with the Doctor in private? Yes No Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience/ads Please discuss any serious medical problems the child experience any of the following? No Change of Please any of the following? No Change of Please any of the following? No Change of Please of Please of Parent of Countries any of the following? No Change of Please of | | | 110 | | 7 | ., | A CONTRACTOR OF THE PROPERTY O |
| Please discures the child's current physician Tas No Please discribe the child's current physical health: Good Fair Poor Please discribe the child's current physical health: Good Fair Poor Please list all prescription / over the counter or herbal supplement drugs that the child is currently taking: Does/did the child experience any of the following? N Breast Fed Y N Nursing Bottle Habits Y N Chewing on Objects Y N Speech Problems Y N Chewing on Objects Y N Speech Problems Y N Latex Y N Metals/Nickel Y N Plastic Y N Latex Y N Metals/Nickel Y N Plastic Y N Latex Y N Metals/Nickel Y N Plastic Our office is RIPAA compliant and is committed to menting or exceeding the standards of infraction control mandated by OSHA, the CDC and the ADA affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need. Signature of Parent or Guardian Date | Control of the Contro | | | | Docto | u in n | |
| Please list all prescription / over the counter or herbal supplement drugs that the child is currently taking: Cool Fair Poor | is the child currently under the care of a physician? | ☐ Yes ☐ No | | | | | |
| Please list all prescription / over the counter or herbal supplement drugs that the child is currently taking: Does/alid the child experience any of the following? N Breast Fed Y N Speech Problems | Please describe the child's current physical health: | □ Fain □ Poon | 1 Icase a | discuss any serious medical problem | 19 1/16 | Crilla | ехрепенсевлеа: |
| that the child is currently taking: Does/did the child experience any of the following? | | N. CLOS ANALYSIS DE CONTRACTOR | | | | The same of | 3430 25 - 38 |
| Aside from the Items listed, please list all drugs/things that the child is allergic to: Y N Chewing on Objects Y N Speech Problems Y N Chewing on Objects Y N | | nement arugs | Does/di | d the child experience any of the foll | owina | 1 | |
| Aside from the items listed, please list all drugs/things that the child is allergic to: Y N Clenching/Grinding Teeth Y N Interpolation of Parent or Guardian Our office Is HIPAA compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA I affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this ciffice of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need. Signature of Parent or Guardian Date OPFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY I have verbally reviewed the medical/dental information above with the parent/guardian & patient named herein. Signature of Dentist Date Medical History Update Has there been any change in your child's health status since their last visit? Y N Parent/Guardian Signature Parent/Guardian Signature Date Parent/Guardian Signature Date Parent/Guardian Signature Date | that the child is currently taking: | | | | Y | | Nursina Bottle Habits |
| Aside from the items listed, please list all drugs/things that the child is allergic to: Y N Clenching/Grinding Teeth Y N Thumb/Finger Sucking Y N Latex Y N Metala/Nickel Y N Plastic Y N Nail Bitting Y N Nail Bitting Y N Used Pacifier Our effice is HIPAA compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CPC and the APA I affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this .office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need. Signature of Farent or Guardian Date OFFICE USE ONLY Nedical History Update Has there been any change in your child's health status since their last visit? Y N N N N N N N N N | | | YN | | Y | | |
| Aside from the Items listed, please list all drugs/things that the child is allergic to: Y N Lip Sucking/Bitting Y N Mouth Preather Y N Mouth Preather Y N Nail Bitting Y N Used Pacifier Our office is HIRAA compliant and is committed to meeting or exceeding the standards of infaction control mandated by OSHA, the CDC and the ADA I affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need. Signature of Parent or Guardian Date OFFICE USE ONLY OF | | | YN | | Y | N | The second secon |
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| Our office is HIFAA compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CPC and the ADA. I affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this coffice of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need. Signature of Parent or Guardian Date OFFICE USE ONLY I have verbally reviewed the medical/dental information above with the parent/guardian & patient named herein. Signature of Dentist Date Dentist's Comments: Medical History Update | | 15 | Y N | Mouth Breather | Y | N | Tongue Thrust |
| I affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need. Signature of Parent or Guardian Date | Y N Latex Y N Metals/Nickel Y N | Plastic | YN | Nail Biting | Y | N | Used Pacifier |
| I have verbally reviewed the medical/dental information above with the parent/guardian & patient named herein. Signature of Dentist Date | | | perform th | e necessary dental services my chil | | need | 120 |
| Medical History Update Has there been any change in your child's health status since their last visit? | | | | nt named herein. | | 0 | |
| Medical History Update Has there been any change in your child's health status since their last visit? | Dentiat's Comments | | | Oignavaro oi Dello | | | |
| Has there been any change in your child's health status since their last visit? | SOURCE SO | THE RESERVE TO SERVE THE PARTY OF THE PARTY | | | | | |
| Has there been any change in your child's health status since their last visit? Y N If Yes, please explain | | | | | | | |
| Has there been any change in your child's health status since their last visit? Y N If Yes, please explain | | Medical Hist | tory Upa | late | | | |
| Has there been any change in your child's health status since their last visit? Y N Parent/Guardian Signature Parent/Guardian Signature Date | Has there been any chanae in your child's health status since | HISTORICAN PRESENTATION CONTRACTOR | | | | | |
| If Yes, please explain. | | HISTORICAN PRESENTATION CONTRACTOR | ON F | Parent/Guardian Signature | | | Date |
| Dentist Signature Date | If Yes, please explain. | their last visit? 🗌 Y | N F | Parent/Guardian Signature | | | |
| | If Yes, please explain. Has there been any change in your child's health status since | their last visit? 🗌 Y | ON F | Parent/Guardian Signature Dentist Signature | | | Date |