



Patient Information	on	De	ntal Insur	ance		1.76
Date		Who is resp	onsible for this ac	ecount?		
SS/HIC/Patient ID #				14 C		
Last Name	ne lector of the the					
The Description of the Prince		D. C.				
First Name	Middle Initial			al insurance? Yes		
Address						
E-mail		Birthdate		SS#		
City		Relationship	to Patient			
State	Zip	Insurance C	0			
Sex M F Age		Group #	)r	8 B		
Birthdate		ASSIGNMEN	T AND RELEASE			
	Single	I certify that	I, and/or my d	ependent(s), have insuran		
		- N	ame of Insurance Co	and ompany(ies)	assign directly	y to
	Partnered for years		and of mostanes			ofito if
Patient Employer/School		Dr any, otherwis	e payable to me f	all in al	derstand that	I am
Occupation		financially resi	consible for all charge	ges whether or not paid by in urance submissions.	surance. I auth	horize
Employer/School Address		The above no	med dentiet may us	e my health care information	n and may dis	sclose
		auch informati	on to the above-nam	ned Insurance Company(ies) for services and determining	and their agen	nts ior
Employer/School Phone ()		or the henefits	navable for related	services. This consent will el	na wnen my cu	urrent
Spouse's Name			is completed or on	e year from the date signed t	ielow.	
Birthdate		Signatu	re of Patient, Paren	t, Guardian or Personal Rep	resentative	1
SS#				- Discourse of the second seco	D	
		Please prin	t name of Patient, P	arent, Guardian or Personal	Representative	re
Spouse's Employer		11	Date	Relationship to	Patient	
Whom may we thank for referring you?						
Phone Numbers						
Home ()	Work (		Ext Alt	. Phone ()	5	
	The state of the s					
Spouse's Work () IN CASE OF EMERGENCY, CONTACT						ILV
Name						E.7
Name	r y h	Alt. Phone (				190
Phone ()		All. Phone (				
Dental History						
		tongue Yes	□ No Mouth	breathing	☐ Yes ☐	No
Reason for today's visit	Chew on one side of		A STATE OF THE PARTY OF THE PAR	pain, brushing	☐ Yes ☐	
	Cigarette, pipe, or cig			ontic treatment	☐ Yes ☐	
Former Dentist	Clicking or popping ja	aw ☐ Yes	☐ No Pain ar	ound ear	☐ Yes ☐	
City/State		☐ Yes		ontal treatment vity to cold	☐ Yes ☐	
Date of last dental visit	Fingernail biting Food collection between	☐ Yes en the teeth ☐ Yes		vity to heat	☐ Yes ☐	
Date of last dental X-rays		☐ Yes	☐ No Sensitiv	vity to sweets	☐ Yes ☐	No
Place a mark on "yes" or "no" to indicate	0 1-11 446	☐Yes	☐ No Sensitiv	vity when biting	☐ Yes ☐	
have had any of the following:	Gums swollen or tend	WARRANT TO THE PERSON NAMED IN		or growths in your mouth		
	s No Jaw pain or tiredness s No Lip or cheek biting	yes ☐ Yes		ten do you floss?	-	_
The second of th	S No Loose teeth or broker			ten do you brush?	~	_
· Commence of the commence of						

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				CHECK TO THE RESIDENCE OF				
Physician's Name						Data of last data		
	osphonate medication	2 Common brand names	are For	amay Ac	tonel At	Date of last visit elvia, Didronel, Boniva.	□No	
						ombinations of Ionimin, Adipex, F		hd
names of phentermine), Por Place a mark on "yes" or "no	ndimin (fenfluramine)	and Redux (dexfenfluram	ine). 🗌 🗅	res 🗆 l	No	omomadona or formini, Adipex, I	23111 (5121	
AIDS/HIV	Yes No	Epilepsy	ıg:	☐ Yes	□No	Respiratory Disease	☐Yes	ΠN
Anemia	☐ Yes ☐ No	Fainting or dizziness		☐ Yes	□ No	Rheumatic Fever	☐ Yes	
Arthritis, Rheumatism	☐ Yes ☐ No	Glaucoma		_	□ No	Scarlet Fever	☐Yes	_
Artificial Heart Valves	☐ Yes ☐ No	Headaches			□No	Shortness of Breath	☐Yes	
Artificial Joints	☐ Yes ☐ No	Heart Murmur			□No	Sinus Trouble	☐Yes	
Asthma	☐ Yes ☐ No	Heart Problems		Yes	□ No	Skin Rash	☐ Yes	_
Back Problems	☐ Yes ☐ No	Hepatitis Type	7	☐ Yes	□ No	Special Diet	Yes	
Bleeding abnormally, with		Herpes		☐ Yes	☐ No	Stroke	☐ Yes	
extractions or surgery	☐ Yes ☐ No	High Blood Pressure		☐ Yes	☐ No	Swollen Feet or Ankles	Yes	
Blood Disease	☐ Yes ☐ No	Jaundice		☐ Yes	☐ No	Swollen Neck Glands	Yes	
Cancer	☐ Yes ☐ No	Jaw Pain		☐ Yes	☐ No	Thyroid Problems	☐ Yes	
Chemical Dependency	☐ Yes ☐ No	Kidney Disease		☐ Yes	☐ No	Tonsillitis	☐ Yes	
Chemotherapy	☐ Yes ☐ No	Liver Disease		☐ Yes	☐ No	Tuberculosis	☐ Yes	
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	
Cortisone Treatments	☐ Yes ☐ No	Nervous Problems		☐ Yes	1.1	Ulcer	☐Yes	100
Cough, persistent or bloody	☐ Yes ☐ No	Pacemaker		☐ Yes		Venereal Disease	☐Yes	
Diabetes	☐ Yes ☐ No	Psychiatric Care	The state	Yes	To all the second	Weight Loss, unexplained	□Yes	Пи
Emphysema	☐ Yes ☐ No	Radiation Treatment	1 2-2	Yes	☐ No			
Do you wear contact lenses?	Yes □ No	* * * * * * * * * * * * * * * * * * * *						
Women:								
Are you pregnant? Yes	□ No	Due date	1	. A	re you no	ursing?  Yes  No		
Taking birth control pills?	] Yes ☐ No		1					
Medications			Allergies					
ist any medications you are	currently taking and	the correlating	□ As	spirin		☐ Local Anesthe	etic	
lagnosis:			ПВ	arbiturates	(Sleepi	ng pills) Penicillin		
					, (с.оср	g pino,		
							e divini lud-	
	* M - 3/4 H		□ C	odeine		☐ Sulfa	a differ list	
harmacy Name						☐ Sulfa	इ.स.च्या ११स	
	47.4		12. 11	dine		that it may god a	E STORY	
Pharmacy Name		1	□ lo	dine		that it may god a	E WAR I HE	
Updates (To I	be filled in at fu	ture appointments)	□ lo	dine		that it may god a		
Updates (To last there been any change in	be filled in at fu	ture appointments)	□ lo	dine	No	that it may god a		
Updates (To leasthere been any change in the conditions?	be filled in at fu	ture appointments)	lo   La	dine atex  /es     1	No	that it may god a		
Updates (To last there been any change for what conditions?	be filled in at fur in your health since y	ture appointments) our last dental appointments	lo	dine atex  /es     1	No	that it may god a		
Phone ()	be filled in at fur in your health since y	ture appointments) our last dental appointments	lo	dine atex  /es     1	Vo	that it may god a		
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das there been any change in the second it is signature.  Doctor's Signature.  District the second it is sig	in your health since y	our last dental appointments  If so, what?  Our last dental appointments		dine atex /es		Other		
Updates (To leasthere been any change leasthere been any change leasthere what conditions?	in your health since y	our last dental appointments  If so, what?  our last dental appointments		dine atex /es		DateDate		