

Welcome to Our Practice

Please complete the following:

Patient Information \bullet Insurance Information & Financial Consent HIPPA Compliance \bullet Health and Medical History \bullet Advanced Diagnostics and Informed Consent

Address Phone (h)SS# CityStateZipPhone (c)Employer Emergency ContactRelationshipPhone Pharmacy NamePhorePhone # Pharmacy NamePhore ID entist Information Office NameDate of Last Visit Dentist NameReason of Referral CityStateZipOffice Phone Number Insurance Information & Financial Consent Dental Insurance Primary CompanyPolicy Holder Member ID #Date of BirthSS# Secondary CompanyPolicy Holder Member ID #	Name	Today's Date			
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Secondary Company Policy Holder Member ID # RelationshipEmployer Group # Date of BirthSS# Financial Consent SS# An approximated fee is required at the time of service. Verification of insurance benefits is always an estimate and never a guaranteed amount, as remaining dental maximums can be affected daily by multiple claims and providers. After treatment is complete, we will file an insurance claim as a courtesy for you. If for any reason your insurance does not pay what is expected, you will be financially responsible.					
Member ID #					
Group #	Member ID #	RelationshipEmployer			
Member ID #	Group #	Date of BirthSS#			
Group #	Secondary Company	Policy Holder			
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- HIPPA Consent By signing below you are giving us consent to confirm appointments, disclose dental information requested by other treating dentists, lear messages/discuss medical or dental history with your pharmacist, request dental information from your insurance company, and/or request den records when necessary and leave messages regarding your dental insurance. We are required by law to maintain the privacy of protected hear information and provide individuals with a copy of our HIPPA compliance notice at the patient's request.	An approximated fee is required at the time of service. Verification remaining dental maximums can be affected daily by multiple cla	aims and providers. After treatment is complete, we will file an insurance claim as			
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	Signature	Date			



Medical Health History

Please answer ALL questions honestly and completely. All YES/NO questions must be answered.

HEIGHT WEIGHT

LIST ALL SURGERIES AND DATES

Any problems with anesthesia in the past? Yes No Have you ever had a serious illness or hospitalization? Yes No								
								When was your last medical check-up and for what purpose?
	Dhama #							
Primary Physician's Name	Phone #							
Address								
Drug Allergies () Yes () No Pls list		_Latex Allergy						

PLEASE LIST ALL OF YOUR MEDICATIONS (INCLUDE CHRONIC PAIN MEDICATION, INSULIN, ASPIRIN, BIRTH CONTROL, BLOOD THINNERS, ETC.)

Check YES or NO on ALL of the following conditions which you have had in the past or you have right now.									
Blood Transfusion	Yes No	CPAP At Home	Yes	No	Heart Surger 2 When?	Yes	No		
Heart Attack/Problems		Liver Disease	_		Heart Surgery? When?				
Physical Disability		Heart Murmur			Hepatitis Whattype?Treatment?	_			
High Blood Pressure		Fainting			Angina/Chest pain When/How often?				
Pain in Jaw Joints		COPD			Cancer Type/Location				
Recreational Drugs		Sinus Trouble			Shortness of Breath When?				
Mitral Valve Prolapse		HIV/AIDS			Alcohol/Recreation/Drug Abuse Drug				
Bacterial Endocarditis		Thyroid Disease			Stroke? When				
Heart Pacemaker		Emphysema			Diabetes Type 1 Type 2 Insulin () Yes				
Radiation Therapy		Sleep Apnea			Asthma How often do you need to use your inhaler				
Bleeding/ Bruise easily		Home Oxygen			Seizures TypeLast seizure				
Chronis Steroid Meds		Chronic Pain			Irregular Heart Beat Whattype				
Kidney Problems		Organ			Low Bone Density/Osteoporosis Medication?				
Pregnant or Trying		Transplant			Psychiatric/Mental IllnessType?				
Gagging w/ Dental Work		Mouth Pain			Chemotherapy Why/When?				
Rheumatism/ Arthritis		Tuberculosis			Headaches/Migraines HowOften?	_			
Please list ALL medical problems By signing below, I (patient or guardian) attest that I have given a complete and truthful medical history.									

not mentioned above