	(PLEASE P	TINT)	
Patient Information:	) (	Denta	Insurance
Date		no is responsible	for this account?
SS/HIC/Patient ID #			ent
		4.5	
Patient Name  Last Name			
First Name	Middle Initial		
Address			y additional insurance? Yes No
E-mail			No. 50 Contraction of the Land Contraction of the C
City			SS#
Slate Zip		lationship to Palli	ant
Sex DM DF Age	ins	,	
Birthdate	Gri	oup #	
☐ Married ☐ Widowed ☐ Single		SIGNMENT AND R	ELEASE for my dependent(s), have insurance coverage with
	foryears		and assign directly to
Patient Employer/School	1 1	Name of In	surance Company(les)
	Dr.	olherwise payable	all insurance benefits, if s to me for services rendered. I understand that I am
Occupation Employer/School Address			or all charges whether or not paid by insurance. I authorize
1.		above-named den	tist may use my health care information and may disclose
	300		above named insurance Company(ies) and their agents for grayment for services and determining insurance benefits
Emptoyer/School Phone ()			for related services. This consent will end when my current sted or one year from the date signed below.
	ntertal control of the state of		
Birthdate	<del></del>	Signature of Pa	lient, Parent, Guardian or Personal Representative
	New York	Please print name o	I Pallent, Parent, Guardian or Personal Representative
Spouse's Employer	1 1		
Whom may we thank for referring you?	6 miles de la companya del companya del companya de la companya de	Date	Relationship to Patient
Phone Numbers	547049		
Home ()	Work (	Ext	Cell Phone ()
Spouse's Work ()			
IN CASE OF EMERGENCY, CONTACT (Specify :	someone who does not live in you	r household.)	Control (Control (Con
Name	Relation	nship	
Home Phone ()			
*/		COLUMN TO THE CO	
Dental History			
Reason for today's visit	Burning sensation on tongue	☐ Yes ☐ No	Mouth breathing ☐ Yes ☐ No
Consequences of the Conseq	Chew on one side of mouth Cigarette, pipe, or cigar smoking	Yes No	Mouth pain, brushing Yes No Orthodontic treatment Yes No
Former Dentist	Clicking or popping jaw	Yes No	Pain around ear ☐Yes ☐ No
City/State	Dry mouth	☐ Yes ☐ No	Periodontal treatment ☐ Yes ☐ No
Date of last dental visit	Fingernall biting Food collection between the teath	Yes No	Sensitivity to cold Yes No
Date of last denial X-rays	Foreign objects	Yes No	Sensitivity to sweets
Place a mark on "yes" or "no" to indicate if you	Grinding teeth	☐Yes ☐ No	Sensitivity when biting ☐ Yes ☐ No
have had any of the following:  Bad breath   Yes   No	Gums swallen or tender	☐Yes ☐ No	Sores or growths in your mouth Yes No
Bad breath Yes No Bleeding gums Yes No	Jaw pain or tiredness Lip or cheek biting	☐ Yes ☐ No	How often do you lloss?
Blisters on lips or mouth ☐ Yes ☐ No	Loose teeth or broken fillings	Yes No	How often do you brush?
Marie Control of the	2. Oak rolling rolling rolling of the first of the state	A STATE OF THE PARTY OF THE PROPERTY OF	the state of the s

Dental Registration and History

		and the second s	distriction of the state of the	Date of last visit	
Have you ever taken any of the names of phentermine), Pondi				combinations of Ionimin, Adipex,	Fastin (brand
Place a mark on "yes" or "no"	to indicate if you	have had any of the following	ig:		
AIDS/HIV	☐Yes ☐ N	Epilepsy	☐Yes ☐ No	Respiratory Disease	☐Yes ☐ No
Anemia	☐ Yes ☐ No	Fainting or dizziness	☐ Yes ☐ No	Rheumatic Fever	☐Yes ☐ No
Arthritis, Rheumatism	: Yes No	Glaucoma	☐ Yes ☐ No	Scarlet Fever	☐ Yes ☐ No
Artificial Heart Valves	☐ Yes ☐ No	Headaches	☐Yes ☐ No	Shortness of Breath	☐ Yes ☐ No
Artificial Joints	☐ Yes ☐ No	Heart Murmur	☐ Yes ☐ No	Sinus Trauble	☐ Yes ☐ No
Asthma	☐Yes ☐ No	Heart Problems	☐ Yes ☐ No	Skin Rash	∃Yes □ No
Back Problems	☐ Yes ☐ No	Hepatilis Type	☐ Yes ☐ No	Special Diet	☐ Yes ☐ No
Bleeding abnormally, with	•	Herpes	☐ Yes ☐ No	Stroke	JYes ☐ No
extractions or surgery	☐Yes ☐ No	High Blood Pressure	☐ Yes · ☐ No	Swollen Feet or Ankles	Yes No
Blood Disease	☐Yes ☐ No	Jaundice .	☐ Yes ☐ No	Swollen Neck Glands	JYes □ No
Cancer	☐Yes ☐ No	) Jaw Pain	☐'fes ☐ No	Thyroid Problems	Yes No
Chemical Dependency	☐Yes ☐ No	Kidney Disease	☐Yes ☐ No	Tonsillitis	Yes No
Chemotherapy	☐ Yes ☐ No	Liver Disease	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
Circulatory Problems	☐Yes ☐ N	Low Blood Pressure	☐ Yes ☐ No	Tumor or growth on head	
Congenital Heart Lesions	☐Yes ☐ No	Mitral Valve Prolapse	☐Yes ☐ No	or neck	☐ Yes ☐ No
Cortisone Treatments	☐ Yes ☐ N	Nervous Problems	☐ Yes ☐ No	Ulcer	☐Yes ☐ No
Cough, persistent or bloody	☐ Yes ☐ No	Pacemaker	☐ Yes ☐ No	Venereal Disease	☐ Yes ☐ No
Diabetes	Yes N	Psychiatric Care	☐ Yes ☐ No	Weight Loss, unexplained	☐ Yes ☐ No
Emphysema	Yes N	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	Yes No	ADHD	☐Yes ☐ No
		Down Syndrome	☐Yes ☐ No	Autism	☐ Yes ☐ No
Do you wear contact lenses?   Women:	Yes No	ere la displicació frecesió filoso. Se esta come esta disploya esta disp			
Taking birth control pills? Yes No  Medications:  """			Allergies	even and an experience of the	
List any medications you are o	urrently taking a	nd the correlating	Aspirin	☐ Local Anesth	etic
diagnosis.			☐ Barbiturates (Sleep	ping pills) Penicillin	
	***************************************	<del>(111.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.</del>	Codeine		
		<del>Kajunjurung of Armining Manada</del> 2011.	☐ Code⊪ie	☐ Sulta	
Pharmacy Name			lodine	Other	
Phone ()			☐ Latex .	and the second s	
Has there been any change in	your health sinc	e your last dental appointme	ent? Yes No		
Has there been any change in For what conditions?	your health sinc	e your last dental appointme	ent?   Yes   No		
Has there been any change in For what conditions?	n your health sind	e your last dental appointme	ent? Yes No		
Has there been any change in For what conditions?  Are you taking any new medic Patient's Signature	n your health sind	e your last dental appointme	ent? Yes No		
Has there been any change in For what conditions?  Are you taking any new medic Patient's Signature	n your health sinc	e your last dental appointme	ent?   Yes   No	Date	
Has there been any change in For what conditions?  Are you taking any new medic Patient's Signature	n your health sind	e your last dental appointme	ent?   Yes   No	Date	
Has there been any change in For what conditions?  Are you taking any new medic Patient's Signature  Doctor's Signature	n your health sind	e your last dental appointme	ent?   Yes   No	Date	
Has there been any change in For what conditions?  Are you taking any new medic Patient's Signature  Doctor's Signature  Has there been any change in For what conditions?  Are you taking any new medic	n your health sind	e your last dental appointme  If so, what?  e your last dental appointme  If so, what?	ent?   Yes   No	DateDate	
Has there been any change in For what conditions?  Are you taking any new medic Patient's Signature  Doctor's Signature  Has there been any change in For what conditions?	n your health sind	e your last dental appointme  If so, what?  If so, what?	ent?   Yes   No	Date	