PATIENT DENTAL HISTORY

SIGNED_

DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING	PATIENT'S NAME			DATE OF BIRTH		
WHAT WAS DONE THEN HOW OFTEN DID YOU VISIT THE DENTIST BEFORE THEN PREVIOUS DENTIST (NAME AND LOCATION) HAVE YOU HAD A COMPLETE SERIES OF DENTAL FILMS (X-RAYS) TAKEN WHEN WHERE HOW OFTEN DO YOU BRUSH YOUR TEETH IS YOUR DRINKING WATER FLUORIDATED YES NO OF Y	REASON FOR THIS VISIT					
PREVIOUS DENTIST (NAME AND LOCATION) HAVE YOU HAD A COMPLETE SERIES OF DENIAL FILMS (X-RAYS) TAKEN WHEN WHERE HOW OFTEN DO YOU BRUSH YOUR TEETH HOW OFTEN DO YOU FLOSS YOUR TEETH SYOUR DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING	WHEN WAS YOUR LAST DENTAL VISIT			WHAT WAS DONE THEN		
PREVIOUS DENTIST (NAME AND LOCATION) HAVE YOU HAD A COMPLETE SERIES OF DENIAL FILMS (X-RAYS) TAKEN WHEN WHERE HOW OFTEN DO YOU BRUSH YOUR TEETH HOW OFTEN DO YOU FLOSS YOUR TEETH SYOUR DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING	HOW OFTEN DID YOU VISIT THE DENTIST BEFORE T	HEN				
HAVE YOU HAD A COMPLETE SERIES OF DENTAL FILMS (X-RAYS) TAKEN WHEN WHERE HOW OFTEN DO YOU BRUSH YOUR TEETH IS YOUR DRINKING WATER FLUORIDATED YES NO DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING						
HOW OFTEN DO YOU BRUSH YOUR TEETH IS YOUR DRINKING WATER FLUORIDATED YES NO DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING						
YES NO DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING. OR FLOSSING. OR FLOSSING. OR SEVOUR TEETH SENSITIVE TO HOT OR COLD ARE YOUR TEETH SENSITIVE TO SWEET OR SOUR ILIOUIDS/FOODS. OPEN FOOD TEND TO BECOME CAUGHT BETWEEN YOUR TEETH. DO YOU HEEL PAIN TO ANY OF YOUR TEETH. DO YOU HEEL PAIN TO ANY OF YOUR TEETH. DO YOU HAVE ANY SORES OR LUMPS IN OR REAR YOUR MOUTH. HAVE YOU EVER HAD ANY HEAD, NECK OR JAW INJURIES. HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER HAD ANY PROLONGED BLEEDING FOLLOWING PROBLEMS IN YOUR JAW? CLICKING. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU WEAR DENTURES OR PARTIALS. DIFFICULTY IN OPENING OR CLOSING. DO YOU HAVE FREQUENT HEED OR DEADLY OF THE PROVIDENT OR DEADLY OR THE PROVIDEN CROSES AND THE PABOVE OUTSIONS HAVE BEEN DEADLY OR THE PROVIDEN CROSES AND THE PARTING HEEP ROBING THE PROVIDEN CROSES AND THE PARTING HEEP ROBING TO PAYMENT OF ALL SERVI PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY SIGNATURE OF PATIENT OR PARTIN IF MINOR						
YES NO DO YOUR CUMS BLEED WHILE BRUSHING DO YOU BITE YOUR LIPS OR CHEEKS FREQUENTLY. HAVE YOU NOTICED ANY LOOSENING OF ARE YOUR TEETH SENSITIVE TO HOT OR COLD LIQUIDS/FOODS. DO YOU REETH SENSITIVE TO SWEET OR SOUR BUYOUR TEETH. DOYOU FEEL PAIN TO ANY OF YOUR TEETH. DO YOU HAVE ANY SORES OR LUMPS IN OR REAR YOUR TO HAVE YOU EVER HAD PERIODONTAL BOYOU HAVE ANY SORES OR LUMPS IN OR REAR YOUR MOUTH HAVE YOU HAVE ANY SORES OR LUMPS IN OR REAR YOUR TEETH. DO YOU HAVE ANY SORES OR LUMPS IN OR REAR YOUR WERE PAIR TO ANY OF THE HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER REPRIENCED ANY OF THE HAVE YOU EVER RECEIVED ORAL HYGIENE DIFFICULTY IN OPENING OR CLOSING DO YOU WEAR DENTURES OR PARTIALS. DO YOU WEAR DENTURES OR PARTIALS. DO YOU WEAR DENTURES OR PARTIALS. DO YOU CLENCH OR GRIND YOUR TEETH. DIFFICULTY IN CHEWING. DO YOU CLENCH OR GRIND YOUR TEETH. DIFFICULTY IN CHEWING. DO YOU CLENCH OR GRIND YOUR TEETH. DIFFICULTY IN CHEWING. DO YOU CLENCH OR GRIND YOUR TEETH. DIFFICULTY IN CHEWING. DO YOU CLENCH OR GRIND YOUR SMILE, WHAT WOULD YOU CHANGE? AUTHORIZATION AND RELEASE LICERIEY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. THE ABOVE OUTSTIONS HAVE BEEN TO THE WAVE YOU EVER RECEIVED ORAL HYGIENE DO YOU CLENCH OR GRIND YOUR SMILE, WHAT WOULD YOU CHANGE? AUTHORIZATION AND RELEASE LICERIEY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. THE ABOVE OUTSTIONS HAVE BEEN TO THE PROVING MICROSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR THE PROVING MICROSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR THE PROVING MICROSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR THE PROVING MICROSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR THE PROVING MICROSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR THE PROVING MICRO						
DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING	IS YOUR DRINKING WATER FLUORIDATED					
OR FLOSSING. HAVE YOU NOTICED ANY LOOSENING OF ARE YOUR TEETH SENSITIVE TO HOT OR COLD		YES	NO	Y	ES	NO
ARE YOUR TEETH SENSITIVE TO HOT OR COLD LIQUIDS/FOODS.	DO YOUR GUMS BLEED WHILE BRUSHING			DO YOU BITE YOUR LIPS OR CHEEKS FREQUENTLY.		
LIQUIDS/FOODS. DOES FOOD TEND TO BECOME CAUGHT ARE YOUR TEETH SENSITIVE TO SWEET OR SOUR LIQUIDS/FOODS. DAVE FEETH DAVE YOU EVER HAD PERIODONTAL DO YOU FEEL PAIN TO ANY OF YOUR TEETH TREATMENT (GUMS) PAVE YOU EVER HAD PERIODONTAL DO YOU HAVE ANY SORES OR LUMPS IN OR NEAR YOUR MOUTH DAVE YOU EVER HAD ANY DIFFICULT EXTRACTIONS HAVE YOU EVER HAD ANY DIFFICULT EXTRACTIONS HAVE YOU EVER HAD ANY DIFFICULT EXTRACTIONS HAVE YOU EVER HAD ANY PROLONGED BLEEDING FOLLOWING PROBLEMS IN YOUR JAW? FOLLOWING EXTRACTIONS DO YOU WEAR DENTURES OR PARTIALS DO YOU WEAR DENTURES OR PARTIALS PAVE YOU EVER RECEIVED ORAL HYGIENE HAVE YOU EVER RECEIVED ORAL HYGIENE INSTRUCTIONS REGARDING THE CARE OF YOUR TEETH AND GUMS TO YOUR SMILE, WHAT WOULD YOU CHANGE? AUTHORIZATION AND RELEASE INSURANCE BEREFITS OTHERWISE PAYBELE TO ME, I UNDERSTAND THE ABOVE INFORMATION TO ITLE BEST OF MY KNOWLEDGE. THE ABOVE OUESTIONS HAVE BEEN ACCURATELY ANSWERD. UNDERSTAND THAT PROVIDING INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIGONOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR WY CHILD DURING THE PERIOD OF SUCH DENTAL CAPITAL BILL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL TO RELEASE ANY INFORMATION RENDERED TO ME OR SERVICES. I ACREE TO BE RESPONSIBLE FOR PAYMENT OF ALL SERVIN PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	OR FLOSSING			HAVE YOU NOTICED ANY LOOSENING OF		
ARE YOUR TEETH SENSITIVE TO SWEET OR SOUR LIQUIDS/FOODS.	ARE YOUR TEETH SENSITIVE TO HOT OR COLD			YOUR TEETH	3	
LIQUIDS/FOODS. HAVE YOU EVER HAD PERIODONTAL DO YOU FEEL PAIN TO ANY OF YOUR TEETH TREATMENT (GUMS) EVER WORN A BITE PLATE OR OTHER APPLIANCE NEAR YOUR MOUTH HAVE YOU EVER HAD ANY HEAD, NECK OR JAW INJURIES. HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER HAD ANY PROLONGED BLEEDING FOLLOWING PROBLEMS IN YOUR JAW? FOLLOWING EXTRACTIONS DO YOU WEAR DENTURES OR PARTIALS. IF YES, DATE OF PLACEMENT DIFFICULTY IN OPENING OR CLOSING HAVE YOU EVER RECEIVED ORAL HYGIENE DIFFICULTY IN CHEWING. INSTRUCTIONS REGARDING THE CARE OF YOUR TEETH AND GUMS. INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDING INCORRECT INSURANCE SENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT PROVIDED THE DIAGNOSIS AND THE RECORDS OF ANY TRE	LIQUIDS/FOODS			DOES FOOD TEND TO BECOME CAUGHT		
DO YOU FEEL PAIN TO ANY OF YOUR TEETH	ARE YOUR TEETH SENSITIVE TO SWEET OR SOUR			BETWEEN YOUR TEETH]	
DO YOU HAVE ANY SORES OR LUMPS IN OR NEAR YOUR MOUTH	LIQUIDS/FOODS			HAVE YOU EVER HAD PERIODONTAL		
NEAR YOUR MOUTH	DO YOU FEEL PAIN TO ANY OF YOUR TEETH \ldots			TREATMENT (GUMS)	_	
HAVE YOU HAD ANY HEAD, NECK OR JAW INJURIES. IN THE PAST HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER EXPERIENCED ANY OF THE HAVE YOU EVER HAD ANY PROLONGED BLEEDING FOLLOWING PROBLEMS IN YOUR JAW? FOLLOWING EXTRACTIONS FOLLOWING EXTR	DO YOU HAVE ANY SORES OR LUMPS IN OR			EVER WORN A BITE PLATE OR OTHER APPLIANCE [
HAVE YOU EVER EXPERIENCED ANY OF THE FOLLOWING PROBLEMS IN YOUR JAW? CLICKING	NEAR YOUR MOUTH			HAVE YOU EVER HAD ANY DIFFICULT EXTRACTIONS		
FOLLOWING PROBLEMS IN YOUR JAW? CLICKING	HAVE YOU HAD ANY HEAD, NECK OR JAW INJURIES.			IN THE PAST		
CLICKING DO YOU WEAR DENTURES OR PARTIALS. PAIN (JOINT, EAR, SIDE OF FACE) IF YES, DATE OF PLACEMENT DIFFICULTY IN OPENING OR CLOSING IHAVE YOU EVER RECEIVED ORAL HYGIENE DIFFICULTY IN CHEWING INSTRUCTIONS REGARDING THE CARE OF YOUR TEETH AND GUMS. JOYOU CLENCH OR GRIND YOUR TEETH. JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? JOYOU COULD CHANGE AND GUBBERTS AND THE ACTUAL BILL SERVING ANYTHING AND THE ACTUAL BILL SERVING ANY	HAVE YOU EVER EXPERIENCED ANY OF THE			HAVE YOU EVER HAD ANY PROLONGED BLEEDING		
PAIN (JOINT, EAR, SIDE OF FACE)	FOLLOWING PROBLEMS IN YOUR JAW?			FOLLOWING EXTRACTIONS		
DIFFICULTY IN OPENING OR CLOSING. HAVE YOU EVER RECEIVED ORAL HYGIENE DIFFICULTY IN CHEWING. INSTRUCTIONS REGARDING THE CARE OF YOUR TEETH AND GUMS. DO YOU CLENCH OR GRIND YOUR TEETH. INSURANCE COMPANY TO PAY DIRECTLY TO THE DENTIST OR DENTAL GROWN THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH DENTAL CARE TO THIRD PARTY PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	CLICKING			DO YOU WEAR DENTURES OR PARTIALS		
DIFFICULTY IN OPENING OR CLOSING. HAVE YOU EVER RECEIVED ORAL HYGIENE DIFFICULTY IN CHEWING. INSTRUCTIONS REGARDING THE CARE OF YOUR TEETH AND GUMS. DO YOU CLENCH OR GRIND YOUR TEETH. INSURANCE COMPANY TO PAY DIRECTLY TO THE DENTIST OR DENTAL GROWN THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH DENTAL CARE TO THIRD PARTY PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	PAIN (JOINT, EAR, SIDE OF FACE)			IF YES, DATE OF PLACEMENT		
DO YOU CLENCH OR GRIND YOUR TEETH	DIFFICULTY IN OPENING OR CLOSING					
IF YOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE? AUTHORIZATION AND RELEASE I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OF EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH DENTAL CARE TO THIRD PARTY PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	DIFFICULTY IN CHEWING			INSTRUCTIONS REGARDING THE CARE OF		
AUTHORIZATION AND RELEASE I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIACNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OM Y CHILD DURING THE PERIOD OF SUCH DENTAL CARE TO THIRD PARTY PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNEDTO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	DO YOU HAVE FREQUENT HEADACHES			YOUR TEETH AND GUMS		
AUTHORIZATION AND RELEASE I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH DENTAL CARE TO THIRD PARTY PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	DO YOU CLENCH OR GRIND YOUR TEETH					,
I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH DENTAL CARE TO THIRD PARTY PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	IF YOU COULD CHANGE <u>ANYTHING</u> ABOUT YOUR SM	MILE, V	WHAT W	/OULD YOU CHANGE?		
I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH DENTAL CARE TO THIRD PARTY PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,						=
PAYORS AND/OR HEALTH PRACTITIONERS. I AUTHORIZE AND REQUEST MY SIGNATURE OF PATIENT OR PARENT IF MINOR IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,	I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFO THE BEST OF MY KNOWLEDGE. THE ABOVE QUESTIONS ACCURATELY ANSWERED. I UNDERSTAND THAT PROVIDING INFORMATION CAN BE DANGEROUS TO MY HEALTH. I AU DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DI	HAVE G INCO THORIZ AGNOS	BEEN ORRECT ZE THE IS AND	INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAN DENTAL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL SERVICES. I AGRÉE TO BE RESPONSIBLE FOR PAYMENT OF ALL RENDERED ON MY BEHALF OR MY DEPENDENTS.	D TH.	AT MY L FOR
IF MY ACCOUNT BECOMES ASSIGNED TO A COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION,						
BALANCE OVER 30 DAYS WILL BE ASSESSED A 1.5 PER CENT LATE CHARGE PER MONTH ON THE UNPAID MONTHLY	IF MY ACCOUNT BECOMES ASSIGNED TO A CO INCLUDING 25% AGENCY FEES, COURT COSTS	LLECT	TION AC	GENCY, I AGREE TO PAY ALL COSTS OF COLLECTION, NEY FEES. I UNDERSTAND THAT ALL ACCOUNTS WITH A		



DATE ___

PATIENT MEDICAL HISTORY

/	

PATIENT'S NAME	DATE OF BIRTH

ALTHOUGH DENTAL PERSONNEL PRIMARILY TREAT THE AREA IN AND AROUND YOUR MOUTH, YOUR MOUTH IS A PART OF YOUR ENTIRE BODY. HEALTH PROBLEMS THAT YOU MAY HAVE, OR MEDICATION THAT YOU MAY BE TAKING, COULD HAVE AN IMPORTANT INTERRELATIONSHIP WITH THE DENTISTRY THAT YOU WILL BE RECEIVING. THANK YOU FOR ANSWERING THE FOLLOWING OUFSTIONS

QUESTIONS.					
	YES	NO	· · · · · · · · · · · · · · · · · · ·	YES	NO
1. ARE YOU IN GOOD HEALTH			9. DO YOU BRUISE EASILY		
2. HAVE THERE BEEN ANY CHANGES IN YOUR			10. HAVE YOU EVER REQUIRED A BLOOD		
GENERAL HEALTH WITHIN THE PAST YEAR			TRANSFUSION		
3. DATE OF YOUR LAST PHYSICAL EXAM:			II. HAVE YOU HAD A RECENT WEIGHT LOSS		
4. PHYSICIAN'S NAME			12. HAVE YOU EVER TAKEN FEN-PHEN OR REDUX		
ADDRESS			13. DO YOU USE TOBACCO		
PHONE NO.			14. DO YOU OR HAVE YOU USED CONTROLLED		
5. ARE YOU NOW UNDER THE CARE OF A			SUBSTANCES		
PHYSICIAN			15. ARE YOU WEARING CONTACT LENSES		
6. HAVE YOU EVER BEEN HOSPITALIZED FOR			16. DO YOU HAVE ANY DISEASE, CONDITION OR		
ANY SURGICAL OPERATION OR SERIOUS ILLNESS			PROBLEM NOT LISTED ABOVE THAT YOU THINK		
PLEASE EXPLAIN.			I SHOULD KNOW ABOUT		
			WOMEN ONLY:		
7. ARE YOU TAKING ANY MEDICINE(S)	_		ARE YOU PREGNANT OR THINK YOU MAY		
INCLUDING NON-PRESCRIPTION MEDICINE			BE PREGNANT		
IF YES, WHAT MEDICINE(S) ARE YOU TAKING			ARE YOU NURSING		
			ARE YOU TAKING BIRTH CONTROL PILLS		
8. HAVE YOU HAD ANY ABNORMAL BLEEDING			AME TOO MAINTO BIRTH CONTROL FILES	_	
	YES	NO		YES	NO
ARE YOU ALLERGIC TO OR HAVE YOU HAD	163	110	HIVES OR SKIN RASH		
REACTIONS TO:			FAINTING OR DIZZY SPELLS		
LOCAL ANESTHETICS LIKE NOVOCAINE	П		DIABETES		
PENICILLIN OR OTHER ANTIBIOTICS			AIDS OR HIV INFECTION		
SULFA DRUGS			THYROID PROBLEMS		
BARBITURATES, SEDATIVES OR SLEEPING PILLS			ALLERGIES		
ASPIRIN			ARTHRITIS OR RHEUMATISM		
IODINE			JOINT REPLACEMENT OR IMPLANT		
ANY METALS (E.G., NICKEL, MERCURY, ETC.)			STOMACH ULCER		
LATEX / RUBBER			KIDNEY TROUBLE		
OTHER (PLEASE LIST)			TUBERCULOSIS		
DO YOU HAVE OR HAVE YOU EVER HAD TH	E		PERSISTENT COUGH		
FOLLOWING:			COUGH THAT PRODUCES BLOOD		
RHEUMATIC HEART DISEASE OR RHEUMATIC FEVER			CHEMOTHERAPY (CANCER, LEUKEMIA)		· 🗀
SCARLET FEVER			SEXUALLY TRANSMITTED DISEASE		
HEART DEFECT OR HEART MURMUR			EPILEPSY OR SEIZURES		
HEART TROUBLE, HEART ATTACK, OR ANGINA			ANEMIA		
CHEST PAIN			GLAUCOMA		
SHORTNESS OF BREATH			NERVOUSNESS		
PACEMAKER			TONSILLITIS		
HEART SURGERY			TUMORS		
HIGH/LOW BLOOD PRESSURE			MENTAL HEALTH CARE		
CONGENITAL HEART PROBLEM			BACK PROBLEMS		
SWELLING OF FEET, ANKLES, HANDS			CHEMICAL DEPENDENCY		
HEPATITIS, JAUNDICE OR LIVER DISEASE			MITRAL VALVE PROLAPSE		
STROKE			CORTISONE TREATMENT		
SINUS TROUBLE			COLD SORES/FEVER BLISTERS		
LUNG OR BREATHING PROBLEMS			HYPOGLYCEMIA		
ASTHMA OR HAY FEVER			EATING DISORDERS		

ITEM 27011

