Address Cate of last denial X-rays	Reason for today's visit		Date of last dental care		
Checky 2 of you have or have had problems with any of the following: Sand Breath	Former Dentist	0-12			
Clacking of Search Processing Control Teach Control Teach Clacking Control Teach Clacking or copping (sew Clacking or copping (sew Periodotral treatment Sensitivity to sewests Clacking or copping (sew Periodotral treatment Sensitivity to sewests Clacking or copping (sew Periodotral treatment Sensitivity when bitting Food calesting between the teeth Sensitivity to cold Sores or growths in your mouth Web often do you brush?					
Base Breath Grinding Teeth Sensitivity to two designs Loose teeth or broken fillings Sanstivity to sweets					
Bleeding Gums					
Clicking or popping jaw	☐ Blooding Cume				
Food collecting between fine toeth		Loose teeth or bro	ken fillings	Sensitivity to sweets	
wo often do you floss?	☐ Clicking or popping jaw ☐ Periodonta		ent [Sensitivity when biting	
MEDICAL HISTORY Physicians Name	Food collecting between the teeth	☐ Sensitivity to cold			
Date of last visit and you ever taken any of the group of drugs collectively referred to as "ferphen?" These include combinations of lonimin, Adipex, Fastin (trand and so of phenemine), Pridmin (ferifuramine) and Redux (dexfenduramine). Yes No	low often do you floss?				, you moun
save you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of lonimin, Adipex, Fastin (brand larnes of pnehemine). Padimin (fenfluramine) and Redux (dexfenfluramine).	MEDICAL HISTORY				
save you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of lonimin, Adipex, Fastin (brand larnes of pnehemine). Padimin (fenfluramine) and Redux (dexfenfluramine).	hysician's Name		Date of last visit		
lawe you ever had any senous illnesses or operations?? Yes No	Have you ever taken any of the group of	drugs collectively referred to as "for at	nen?" These include combinations a	f1:	
Anomen) Are you ever had a blood transfusion?	names of phentermine), Pndimin (fenflur	amine) and Redux (dexfenfluramine).	Yes No	i ionimin, Adipex, Fas	stin (brand
Anomen) Are you ever had a blood transfusion?	Have you ever had any parity a "	-			
Women) Are you pregnant?			If yes, describe		
heck (*/) if you have or have had problems with any of the following: Anemia		☐Yes ☐ No	If yes, give approximate date	es	
heck (*) if you have or have had problems with any of the following: Anemia			□ No Taking birth	n control pills?	Yes TNo
Arthritis. Rheumatism	check (✓) if you have or have had proble	ems with any of the following:		_	
Artificial Heart Valves Cough, Persistent Hernia Repair Shortness of Breath Artificial Heart Valves Cough, Persistent High Blood Pressure Skin Rash Artificial Joints, Pins, etc. Cough up Blood HIV/AIDS Stroke Skin Rash Asthma Diabetes Jaw Pain Swelling of Feet or An Back Problems Epilepsy Kidney Disease Thyroid Problems Bleeding Abnormally Fainting Liver Disease Tobacco Habit Tobacco Habit Cancer Headaches Pacemaker Tonsillities Cancer Headaches Pacemaker Tuberculosis Chemical Dependency Heart Murmur Radiation Treatment Ulcor Chemical Dependency Heart Problems Respiratory Disease Venereal Disease Circulatory Problems Hemophilia Rheumatic fever It medications you are currently taking: It medications you are currently taking: Penicillin Latex Codeine Sulfa None	Anemia	Congenital Heart lesions	☐ Hepititis		Conduct Co.
Artificial Heart Valves Cough, Persistent High Blood Pressure Skin Rash Artificial Joints, Pins, etc. Cough up Blood HIV/AIDS Stroke Asthma Diabetes Jaw Pain Swelling of Feet or An Back Problems Epilepsy Kidney Disease Thyroid Problems Bleeding Abnormally Fainting Liver Disease Thyroid Problems Blood Disease Glaucoma Mitral Valve Prolapse Tonsilitius Cancer Headaches Pacemaker Tuberculosis Chemical Dependency Heart Murmur Radiation Treatment Ulcer Chemotherapy Heart Problems Respiratory Disease Venereal Disease Circulatory Problems Hemophilia Rheumatic fever Immedications you are currently taking: Immedications you are currently taking: Other Sulfa None None Signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient, Parent Guardian or Persent Response to the signature of of Patient Parent Guardian or Persent Response to the signature of of Patient Parent Guardian or Persent Response to the signature of of Patient Parent Guardian or Persent Response to the signature of of Patient Parent Guardian or Persent Response to the signature of of Patient Parent Guardian	Arthritis, Rheumatism	Cortisone Treatments			
Artificial Joints, Pins, etc. Cough up Blood HIV/AIDS Stroke Asthma Diabetes Jaw Pain Swelling of Feet or An Swelling of Feet or	Artificial Heart Valves				
Asthma	Artificial Joints, Pins, etc.	Cough up Blood			
Back Problems Epilepsy Kidney Disease Thytoid Problems Bleeding Abnormally Fainting Liver Disease Tobacco Habit Tobacco Habit	Asthma				
Bleeding Abnormally Fainting Liver Disease Thyroid Problems	☐ Back Problems			∐S	welling of Feet or Ankl
Blood Disease Glaucoma Mitral Valve Prolapse Tobacco Habit	☐ Bleeding Abnormally			ПТ	hyroid Problems
Cancer				□ T	obacco Habit
Chemical Dependency			☐ Mitral Valve Prolapse	□ T	onsillitis
Chemotherapy					uberculosis
Circulatory Problems			Radiation Treatment	U	lcer
t medications you are currently taking: Grigies:				□ Ve	enereal Disease
Aspirin		∐ Hemophilia	Rheumatic fever		
Aspirin	t medications you are currently taking:				
Aspirin					
Barbiturates (Sleeping Pills) Penicillin Latex Codeine Sulfa None he best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my Signature of of Patient, Parent, Guardian or Personal Representative	ergies:				
Barbiturates (Sleeping Pills) Penicillin Latex Codeine Sulfa None he best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my Signature of of Patient, Parent, Guardian or Personal Representative	Aspirin	☐ Local Apesthetic			
Codeine Sulfa None he best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my Signature of of Patient, Parent, Guardian or Personal Representative.				Uther	
he best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my dor child, ever have a change in health. Signature of of Patient, Parent, Guardian or Personal Representative.	Codeine			manie zn. de la seconda de	<u> </u>
Signature of of Patient, Parent, Guardian or Personal Representative	the best of my knowledge, the above info			:	
Signature of of Patient, Parent, Guardian or Personal Representative Date	dor child, ever have a change in health.	0	and the my responsibility to	millorin my doctor if I	, or my
	Signature of of Patie	ent, Parent, Guardian or Personal Repre	esentative		Date

Payment is due in full at time of treatment unless prior arrangements have been approved.

PATIENT REGISTRATION

ID: Chart I	.D:						
First Name:	Last Name:			Middle Initial:			
Patient Is: Policy Holder	Preferred N	ame:					
Responsible Party Responsible Party (if someone other to	han the nations)						
	Last N	Jamai					
	Middle Initial:						
City State Zin:							
Home Phone:		Ext:	Pager:				
Birth Date:							
Dilvers Lic.							
Patient Information	Holder for Patient O Primary	Insurance Policy Holder	O Secondary	Insurance Policy Holder			
Address 2:							
City:	State / Zip:		Pager:				
	Work Phone:						
Sex: Male Fema		Married Singl		0			
Birth Date:				○ Separated ○ Widowed			
	Age: Soc. Sec:						
E-mail:		I would like to receive		a e-mail.			
Section 2 Employment Status: Full Time	O B-tT O B ii i		Section 3 Additional Comme				
	Part Time Retired		Additional Comme	ents:			
Student Status: Full Time	O Part Time						
Medicaid ID:	Pref. Dentist:						
Employer ID:	Pref. Pharmacy:						
Carrier ID:	Pref. Hyg.:						
Primary Insurance Information							
Name of Insured:		Relationship to Ir	nsured: Self	Spouse Child Other			
Insured Soc. Sec:	Insured Birth Da						
Employer:		Ins. Company:					
Address:							
The state of the s		Address:					
Address 2:		Address 2:					
City,State,Zip:	City,State,Zip:						
Rem. Benefits: .00 Rem. Deduct: .00							
Secondary Insurance Information							
Name of Insured: Relationship to Insured: Self Spouse Child Other							
Insured Soc. Sec: Insured Birth Date:							
Employer:	i i	Ins. Company:					
Address:		Address:					
Address 2:		Address 2:					
City,State,Zip:		City,State,Zip:					
Rem. Benefits: .00 Rem. Deduct: .00							