## DENTAL REGISTRATION AND HISTORY

PATIENT INFORMATION	DENTAL INSURANCE
4	
Date	Who is responsible for this account?
SS/HIC/Patient ID #	Relationship to Patient_
Patient Name Last Name	Insurance Co
Last Name	Is patient covered by additional insurance? Yes No
First Name Middle Initial	Subscriber's Name
Address	Birthdate SS#
City	Relationship to Patient
StateZip	Insurance Co.
E-mail_	Group #
Sex M F Age	ASSIGNMENT AND RELEASE
Birthdate	I, certify that I, and/or my dependent(s), have insurance coverage with and assign directly to
Jarried ☐ Widowed ☐ Single ☐ Minor	Name of Insurance Company(ies)  Dr. all insurance benefits, if
☐ Separated ☐ Divorced ☐ Partnered for years	any, otherwise payable to me for services rendered. I understand that I am
Patient Employer/School	financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.
Occupation_	The above-named dentist may use my health care information and may disclose such information to the above-named insurance Company(les)
Employer/School Address	and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.
	This consent will end when my current treatment plan is completed or one
Employer/School Phone ()	year from the date signed below.
Spouse's Name	Signature of Patient, Parent, Guardian or Personal Representative
Birthdate	
SS#	Please print name of Patient, Parent, Guardian or Personal Representative
Spouse's Employer	
om may we thank for referring you?	Date Relationship to Patient
	Contract English Action of the Contract English Contract
PHONE NUMBERS	
Home() Work()	ExtCell()
Spouse's Work () Best time and place	e to reach you
IN CASE OF EMERGENCY, CONTACT (Specify someone who doe	s not live in your household.)
	Relationship
	Work Phone ()
CANCELLATION NOTICE	
CANCELLATION NOTICE	
Please give at least 24 hours notice for any cancellations.	
Your account will be charged \$25.00 per half hour for any missed ap	ppointments.
Signature	Date

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) HEALTH	HIST	ORY		A SOMETS SHEVE DOUGH AND		The state banks and the second
Physician's Name				DAMES WAS PRICE	Date of last visit	
Have you ever taken any of the	ne group of dru	gs collectively referred	to as "fen-phe	n?" These	include combinations of lo	nimin, Adipex,
Fastin (brand names of phen	maker to the belief of the later of		Hedux (dexier	muramme	). [] fes [] No	
Check (✓) if you have had an	Contractor of the Contractor of	J. A. B. A. P. E. P. B. T. A. B. T. A. B. T. B. B. T. B.		□ Na		
Programme and the second of th	Yes No	Emphysema Epilepsy	Yes □ Yes	□ No □ No	Radiation Treatment Respiratory Disease	Yes No
Taken to be a compared to the state of the second s	Yes No	Fainting or dizziness	PRINCIPAL TO THE PRINCIPAL OF THE PRINCI	□ No S	Rheumatic Fever	Yes No
Control of the Contro	Yes 🗌 No	Glaucoma	Yes	□ No	Scarlet Fever	Yes No
For the transfer of the property of the transfer of the second of the se	Yes 🔲 No	Headaches	Yes	□ No	Shortness of Breath	Yes No
to the legal and discovered the sufficient of the property of the sufficient of the	Yes ☐ No Yes ☐ No	Heart Murmur Heart Problems	Yes	□ No □ No	Sinus Trouble Skin Rash	Yes No
Bleeding abnormally, with	Tes [] INU	Hepatitis Type	Contract North Contract	⊟ No	Special Diet	Yes No
	Yes 🗌 No 🗀	* Herpes	Yes	☐ No	Stroke	Yes No
Control of the Contro	Yes No	High Blood Pressure		□ No	Swollen Feet or Ankles	Yes No
The second control of	Yes ☐ No Yes ☐ No	Jaundice Jaw Pain	Yes Yes	∐ No □ No	Swollen Neck Glands Thyroid Problems	Yes No
Lit was a supremental to be supplied from a second discount part of the William	Yes □ No	Kidney Disease	Yes	□No	Tonsillitis	Yes No
	Yes 🗌 No	Liver Disease	Yes	□ No	Tuberculosis	Yes No
Congenital Heart Lesions	2000年代的1000年代的1000年代,1000年代,1000年代的1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代	Low Blood Pressure	THE PARTY OF THE P	No .	Tumor or growth on	
CONT. ALASTO STANDARD DE PORTUGO SANDARDO DE MICHIGANOS CONTRADOS DE C	Yes No	Mitral Valve Prolapse Nervous Problems	e ∟ Yes □ Yes	□ No	head or neck Ulcer	Yes No
Cough, persistent or bloody	Yes No	Pacemaker	☐ ies ☐ Yes	⊟No	Venereal Disease	Yes No
Diabetes	Yes 🗌 No 🔻	Psychiatric Care	Yes	☐ No	Weight Loss,	Yes No
Do you wear contact lenses?	□Yes □No				unexplained	
Women:						
Are you pregnant? Yes	□ No Due	date		Are v	ou nursing? 🔲 Yes 🔲 No	
Taking birth control pills?	The state of the s		16.2.3.3.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
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MEDIC	CATION	ſS.		A	LLERGIES	
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List any medications you are			☐ Aspirin	A	LLERGIES  Local Ane	esthetic
					☐ Local Ane	esthetic -
List any medications you are			Barbitura	ates (Slee	☐ Local And	esthetic.
List any medications you are				ates (Slee	☐ Local Ane	esthetic
List any medications you are diagnosis:	currently taking	and the correlating	Barbitura	ates (Slee	☐ Local And	esthetic .
List any medications you are diagnosis:	currently taking	and the correlating	☐ Barbitura☐ Codeine☐ Iodine	ates (Slee	☐ Local And ping pills) ☐ Penicillin ☐ Sulfa	esthetic
List any medications you are diagnosis:	currently taking	and the correlating	☐ Barbitura	ates (Slee	☐ Local And ping pills) ☐ Penicillin ☐ Sulfa	esthetic
List any medications you are diagnosis:	currently taking	and the correlating	☐ Barbitura☐ Codeine☐ Iodine	ates (Slee	☐ Local And ping pills) ☐ Penicillin ☐ Sulfa	esthetic.
List any medications you are diagnosis:	currently taking	and the correlating	☐ Barbitura☐ Codeine☐ Iodine	ates (Slee	☐ Local And ping pills) ☐ Penicillin ☐ Sulfa	esthetic
List any medications you are diagnosis:  Pharmacy Name Phone ()	currently taking	and the correlating	☐ Barbitura☐ Codeine☐ Iodine	ates (Slee	☐ Local And ping pills) ☐ Penicillin ☐ Sulfa	esthetic.
List any medications you are diagnosis:	currently taking	and the correlating	Barbitura Codeine Idodine Latex	ates (Slee	Local And Penicillin Sulfa Other	
List any medications you are diagnosis:  Pharmacy Name Phone ()	currently taking	and the correlating  ORY  Burning sensation	☐ Barbitura☐ Codeine☐ Iodine	ates (Slee	Local And Penicillin Sulfa Other  Loose teeth or broken	esthetic  Yes No.
List any medications you are diagnosis:  Pharmacy Name Phone ()	currently taking	ORY  Burning sensation on tongue	Barbitura Codeine Iddine Latex	ates (Slee	Local And Penicillin Sulfa Other  Loose teeth or broken fillings	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()	currently taking	and the correlating  ORY  Burning sensation	Barbitura Codeine Idodine Latex	ates (Slee	Local And Penicillin Sulfa Other  Loose teeth or broken fillings Mouth breathing	
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit	currently taking	And the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or	Barbitura Codeine Iddine Latex	ates (Siee	Local And Penicillin Sulfa Other  Loose teeth or broken fillings	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit  Former Dentist	currently taking	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking	Barbitura Codeine Iodine Latex  Yes Yes	ates (Slee	Local And Penicillin Sulfa Other  Loose teeth or broken fillings Mouth breathing Mouth pain, brushing	Yes No Yes No Yes No Yes No Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit	currently taking	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping j	Barbitura Codeine Iodine Latex  Yes Yes	ates (Siee	Local And ping pills) Penicillin Sulfa Other  Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit  Former Dentist	currently taking	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking	Barbitura Codeine Iodine Latex Yes Yes Yes Yes	ates (Slee	Loose teeth or broken fillings Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit  Former Dentist  City/State  Date of last dental visit	currently taking	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping j Dry mouth Fingernall biting Food collection betw	Barbitura Codeine lodine Latex  Yes Yes Yes Yes Yes Yes Yes	ates (Slee	Local And Sping pills) Penicillin Sulfa Other  Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around-ear Periodontal treatment Sensitivity to cold Sensitivity to heat	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit  Former Dentist  City/State  Date of last dental visit  Date of last dental X-rays	currently taking	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping J Dry mouth Fingernall biting Food collection betw the teeth	Barbitura Codeine lodine Latex  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	Ates (Slee	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold Sensitivity to sweets	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit  Former Dentist  City/State  Date of last dental visit	currently taking	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping j Dry mouth Fingernall biting Food collection betw the teeth Foreign objects	Barbitura Codeine lodine Latex  Yes Yes Yes Yes Yes Yes Yes	ates (Slee  No No No No No No No	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold Sensitivity to sweets Sensitivity when biting	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit  Former Dentist  City/State  Date of last dental visit  Date of last dental X-rays  Place a mark on "Yes" or "No" if you have had any of the foll Bad breath	Currently taking  HIST (  'to indicate owing:   Yes	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping J Dry mouth Fingernall biting Food collection betw the teeth	Barbitura Codeine Codeine Iodine Latex  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	ates (Slee  No No No No No No No	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold Sensitivity to sweets Sensitivity when biting Sores or growths in your mouth	Yes No
List any medications you are diagnosis:  Pharmacy Name Phone ()  DENTAL  Reason for today's visit  Former Dentist  City/State  Date of last dental visit  Date of last dental X-rays  Place a mark on "Yes" or "No" if you have had any of the foll  Bad breath	to indicate owing:	and the correlating  ORY  Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping j Dry mouth Fingernail biting Food collection betw the teeth Foreign objects Grinding teeth	Barbitura Codeine Codeine Iodine Latex  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	ates (Slee  No No No No No No No No	Loose teeth or broken fillings  Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold Sensitivity to heat Sensitivity when biting Sores or growths in	Yes No