

## PATIENT INFORMATION AND DENTAL HISTORY

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's names (if pt. under 18) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Dental Ins. Co.: \_\_\_\_\_  
Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Spouse's Name (if applicable) \_\_\_\_\_ Referred by \_\_\_\_\_

### DENTAL HISTORY

Chief complaint \_\_\_\_\_  
Have you had periodontal treatment in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_  
What was done? \_\_\_\_\_  
When was your last dental visit? \_\_\_\_\_ For what purpose? \_\_\_\_\_  
Do your gums bleed when you brush? \_\_\_\_\_ clean between your teeth? \_\_\_\_\_ other? \_\_\_\_\_  
Are your teeth sensitive to: hot? \_\_\_\_\_ cold? \_\_\_\_\_ sweets? \_\_\_\_\_ biting pressure? \_\_\_\_\_  
Do you grind or clench your teeth? \_\_\_\_\_  
Have you ever had TMJ disease? \_\_\_\_\_  
Have you noted any movement or shifting of your teeth? \_\_\_\_\_ Over what time period? \_\_\_\_\_  
Do you smoke? \_\_\_\_\_ Cigarettes? \_\_\_\_\_ (if yes how many) \_\_\_\_\_ Cigars? \_\_\_\_\_ Pipe? \_\_\_\_\_  
Have you lost teeth in the last 5 years? \_\_\_\_\_ In what areas? \_\_\_\_\_  
Have you had any gum abscesses recently? Yes/No \_\_\_\_\_ If so, where? \_\_\_\_\_  
How often are your teeth cleaned professionally? \_\_\_\_\_  
How do you clean your teeth? (check or circle where appropriate)  
Brush? hard/medium/soft \_\_\_\_\_ manual? or electric? \_\_\_\_\_ waxed/unwaxed floss \_\_\_\_\_  
Proxabrush? \_\_\_\_\_ Waterpik? \_\_\_\_\_ Mouth rinse? If so, which one \_\_\_\_\_ Other \_\_\_\_\_  
Have you had orthodontics (braces)? Yes \_\_\_\_\_ No \_\_\_\_\_

### APPOINTMENTS

A minimum charge of thirty-five dollars will be made for failed or cancelled appointments without prior notification of 24 hours. This fee covers only a portion of the overhead such as salaries, electric, heat, etc. which still has to be paid whether you are present or not. Once an appointment has been made, this time has been reserved for you. We in return will make every effort to seat you on time. We will also endeavor to make your appointment with us a pleasant and comfortable one.

### INSURANCE

We will be glad to assist you in the preparation of any forms or reports that will help you obtain the maximum benefits available for our services. We will also be glad to prepare preestimates so that you can be informed in advance of undertaking treatment, about the available dental coverage. You must realize that your dental benefit program is a contract between you, your employer and the insurance company. We are not a party to that contract. Our fees are generally, but not necessarily, covered in full by the maximum allowance determined by your carrier and not all dental services are a covered benefit in all contracts. To avoid misunderstandings regarding dental insurance, we wish our patients to know that all professional services rendered are charged directly to the patient and the patient is personally responsible for payment of services.

### PAYMENT

Unless other arrangements are made, payment in full is expected for services rendered within thirty days of the date of billing. After thirty days a monthly charge of 1.5% (18% yearly) will be added to the unpaid balance. If you have dental insurance, a payment plan can be arranged with our receptionist once a pre-estimate has been obtained.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_