Patient Information		Denta	al Insurance				
Date		Who is responsible	for this account?				
Patient		Who is responsible for this account?					
Address	The state of the s	The state of the s					
Audress		Group #					
City State	THE THE COURT PRODUCT OF THE PRODUCT		y additional insurance?		0		
Sex: M F AgeBirthdate_		Subscriber's Name					
Single Married Widowed Separ		Birthdate SS#					
Patient SS#		Relationship to Patient					
Occupation							
Employer							
		ASSIGNMENT ANI					
Employer Address			fy that I (or my dependent) have	e insurance cov	erage		
Employer Phone							
Spouse's Name		Dr otherwise payable to me	all inst for services rendered. I understa				
BirthdateSS#			es whether or not paid by insuran				
Occupation			e use of this signature on all in				
Spouse's Employer				***************************************			
Whom may we thank for referring you?	ANTEN MINISTER A RECOVERATE RECOVERAGE SAFA AND CONTINUE CONTRACT AND A RESISTANT PROCESSION.	Responsible Party Sign	nature				
Phone Numbers		Relationship	Date				
Phone Numbers Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp		Ext	Spouse's Work				
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp	ecify someone who does no	Extot live in your house	Spouse's Work				
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp. Name	ecify someone who does no	Ext of live in your house ationship	Spouse's Work				
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp	ecify someone who does no	Extot live in your house	Spouse's Work				
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp Name Home Phone Dental History	ecify someone who does no Rela Wor Burning sensation	Ext of live in your house ationship	Spouse's Work shold.) Loose teeth or broken		No		
Home Work, Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp. Name Home Phone	Burning sensation on tongue Chew on one side	Ext of live in your house ationship rk Phone	Spouse's Work				
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp. Name Home Phone Dental History Reason for today's visit	Burning sensation on tongue Chew on one side of mouth	Ext of live in your house ationship rk Phone Yes No	Spouse's Work shold.) Loose teeth or broken fillings Mouth breathing Mouth pain, brushing	Yes Yes] No		
Home Work. Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp. Name Home Phone Dental History	Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking	Ext of live in your house ationship rk Phone Yes No No Yes No No No	Spouse's Work shold.) Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐	No No		
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp. Name Home Phone Dental History Reason for today's visit	Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping jaw	Ext of live in your house ationship rk Phone Yes No No Yes No No Yes No	Spouse's Work shold.) Loose teeth or broken fillings Mouth breathing Mouth pain, brushing	Yes Yes	No No No		
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp. Name Home Phone Dental History Reason for today's visit Former Dentist	Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping jaw Dry mouth Fingernail biting	Ext of live in your house ationship rk Phone Yes No No Yes No No No	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold	Yes	No No No No No No		
Home Work Best time and place to reach you IN CASE OF EMERGENCY, CONTACT (Sp. Name Home Phone Dental History Reason for today's visit Former Dentist City/State City/State	Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping Jaw Dry mouth Fingernail biting Food collection between	Ext of live in your house ationship rk Phone Yes No No Yes No No Yes No	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold Sensitivity to heat	Yes Yes	No No No No No No No		
Home Work Best time and place to reach you	Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping jaw Dry mouth Fingernail biting	Ext of live in your house ationship rk Phone Yes No No Yes No No Yes No Yes No Yes No	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold	Yes	No No No No No No No		
Home Work, Best time and place to reach you	Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping jaw Dry mouth Fingernail biting Food collection between the teeth Foreign objects Grinding teeth	Ext	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold Sensitivity to heat Sensitivity to sweets Sensitivity when biting Sores or growths in	Yes Yes	No No No No No No No No		
Home Work Best time and place to reach you	Burning sensation on tongue Chew on one side of mouth Cigarette, pipe, or cigar smoking Clicking or popping jaw Dry mouth Fingernail biting Food collection between the teeth Foreign objects	Ext	Loose teeth or broken fillings Mouth breathing Mouth pain, brushing Orthodontic treatment Pain around ear Periodontal treatment Sensitivity to cold Sensitivity to heat Sensitivity to sweets Sensitivity when biting	Yes Yes	No No No No No No No No No		







Physician's Name				155 36	Date of last v	ricit		
	"No" to indicate if	you have had any of the	following:		Date of last v	/ISIL	ent el se l'extraction commune del tel fin de exemple est	***********
AIDS	☐ Yes ☐ No	Epilepsy	☐ Yes	□No	Psychiatri	a Cara	☐ Yes	ПМ
Anemia	☐ Yes ☐ No	Fainting or dizziness	□Yes	□No		Treatment	T Yes	
Arthritis, Rheumatism	☐ Yes ☐ No	Glaucoma	☐ Yes	□No		rv Disease	☐ Yes	
Artificial Heart Valves	☐ Yes ☐ No	Headaches	☐ Yes	□No	Rheumati		☐ Yes	
rtificial Joints	☐ Yes ☐ No	Heart Murmur	T Yes	П	Scarlet Fe		☐ Yes	
sthma	☐ Yes ☐ No	Heart Problems	Yes	No		of Breath	☐ Yes	
ack Problems	☐ Yes ☐ No	Hepatitis	Yes	□No	Sinus Tro	7	☐ Yes	
leeding abnormally, with		Туре	error.	lound & I	Skin Rash		☐ Yes	ПМ
extractions or surgery	Yes No	Herpes	∐ Yes	∐ No	Special Di	et	☐ Yes	П
lood Disease	☐ Yes ☐ No	High Blood Pressure	Yes	∐ No	Stroke		☐ Yes	
ancer	☐ Yes ☐ No	HIV Positive Jaundice	∐ Yes	□ No	Swelling o	f Feet or	No.	1,000
hemical Dependency	☐ Yes ☐ No	Jaw Pain	☐ Yes	□ No	Ankles	☐ Yes		
hemotherapy	Yes No	Kidney Disease	☐ Yes	□ No	Swollen N	☐ Yes		
irculatory Problems	☐ Yes ☐ No	Liver Disease	☐ Yes	□ No	Thyroid Pi	☐ Yes		
ongenital Heart Lesions	amening alternate	Low Blood Pressure	☐Yes	□No	Tonsillitis	☐ Yes		
ortisone Treatments	☐ Yes ☐ No	Mitral Valve Prolapse	☐ Yes	□No	Tuberculo	☐ Yes		
ough, persistent or bloody	☐ Yes ☐ No	Nervous Problems	☐ Yes	□ No	Tumor or i	growth on	[] Vac	[] A
iabetes	☐ Yes ☐ No	Pacemaker	Yes	□No	Ulcer	IECK	☐ Yes	
mphysema	☐ Yes ☐ No	Women:			Venereal (Disease	☐ Yes	
o you wear	L 163 L 140	Are you pregnant?	Yes	☐ No	Weight Lo		☐ Yes	
contact lenses?	Yes No	Due date Are you nursing?	☐ Yes	□ No	unexplair		1	11
Medicati	ons			Allergi	ioc			
			M'	merg.	163			
st medications you are	t medications you are currently taking:			☐ Aspirin ☐ Local Anesthetic				
and AME (Parks of material particular) for a filter of Material Adel State or materials and point of materials and analysis of the second a		n Overheld I american misself all the production of the commission	☐ Barbiturates (Sleeping pills			lls) Penicillin		
and Challette and the series for all formal articles and population are required made in the series in relative		on Conferency (S) and a recompression in an Art - invalidate planting in participate of the and consumer as a section of the	Codeine	Э		☐ Sulfa		
Pharmacy Name			Olodine			Other		
hone	The American and the American Artificial and the American and the American Artificial Artificial and the American Artificial and American		Latex					
Undates	(To be filled in a	at future appointmen	rel					
Updates	(To be filled in a	at future appointmen	ts)				*	
<u> </u>] Yes] No			
as there been any chan	ige in your health si		ointment?] No			
as there been any chan or what conditions?	ige in your health si	nce your last dental appo	pintment?		tri bersanten Pari nila anta (rentana), antan interiorpera de		and Constant and C	
as there been any chan or what conditions? re you taking any new n	ige in your health si	nce your last dental appo	pintment?		To have pather than the case of the case o	ate		
as there been any chan or what conditions? re you taking any new n atient's Signature octor's Signature	ige in your health si	nce your last dental appo	pintment?		Di	ate		
as there been any chan or what conditions? re you taking any new n atient's Signature octor's Signature	ige in your health si	nce your last dental appo	pintment?		Da	ate		
as there been any chan or what conditions? re you taking any new n atient's Signature octor's Signature as there been any chan	nge in your health si	nce your last dental appointment of the so, what nce your last dental appointment of the son t	ointment?] Yes	Da Da	ate		
as there been any chan or what conditions? re you taking any new n atient's Signature octor's Signature as there been any chan or what conditions?	nge in your health si	If so, what	ointment?] Yes	Da Da	ate	***	
as there been any chan or what conditions? re you taking any new re atient's Signature octor's Signature as there been any chan or what conditions? re you taking any new re	nge in your health si	If so, what If so, what If so, what If so, what?	ointment?	Yes [Da Da	ate	****	5 0 6 5 i
Has there been any chan For what conditions? Are you taking any new n Patient's Signature Doctor's Signature	nge in your health si	If so, what If so, what If so, what If so, what?	ointment?	Yes [Do Do J No	ate	****	in the second