



New Patient Form (TN Dentistry)

Patient Information

*Required Fields

Chart #: (For Office use Only)

Last Name:*

First Name:*

MI:

Preferred Name:

Date:

Age:

Gender:

☐ Male

☐ Female

Marital Status:

☐ Married

☐ Single

☐ Child

Social Security:

Birth Date:*

Home Phone:*

Work Phone:

Ext:

Cellular:

Email Address:

Drivers license Number:

State:

Mailing Address:*

City:*

State:*

Zip code:*

Drivers license/ID

Choose File

No file chosen

Only .jpeg .jpg .png .pdf file allowed

Spouse or Responsible Party Information

The following is for:

- ☐ the patient's spouse
- ☐ the person responsible for payment

Name:

Gender:

☐ Male

☐ Female

Marital status:

☐ Married

☐ Single

☐ Child

☐ Other

If Other:

Social Security #:

Birth Date:

Best time to call:

Phone (Home):

(Work):

Ext:

Address:

City:

State:

Zip Code:

It is not easy for an office to become familiar with the details of every dental plan it encounters. And it is, of course, the responsibility of the patient not the dental office to know what is covered and what is excluded from her or his own dental plan. We will do our best to inform you of what we know of your dental plan but ultimately you are responsible for any and all charges not covered.

Primary Insurance Information

Last Name:

First Name:

MI:

Is Insured a Patient?

☐ Yes

☐ No

Insured's Birth Date:

ID #:

Group:

Insured's Address:

City: State: Zip code:

Insured's Employer Name:

Address:

City: State: Zip code:

Patient's relationship to insured: If other:

☐ Self

☐ Spouse

☐ Other

Insurance Plan Name:

Insurance Address:

Secondary Insurance Information

Last Name: First Name: MI:

Is Insured a Patient?

☐ Yes

☐ No

Insured's Birth Date:

ID #:

Group:

Insured's Address:

City:

State:

Zip code:

Insured's Employer Name:

Address:

City:

State:

Zip code:

Patient's relationship to insured:

If other:

☐ Self

☐ Spouse

☐ Other

Insurance Plan Name:

Insurance Address:

Signature: *

Date:*

Sign

Insurance card

Choose File

No file chosen

Only .jpeg .jpg .png .pdf file allowed

Health Information

*Required Fields

Date of Last Dental Visit:

Reason for this visit:

Have you ever had any of the following? Please check those that apply:

- | | | |
|--|--|---|
| ☐ 11HT Migraines | ☐ Endometriosis | ☐ OPTIC NERVE ATROPHY |
| ☐ 18Q Syndrome
(deletion of D portion
of chrm 18) | ☐ Enemia | ☐ OPTIC NERVE
HYPOPLASIA |
| ☐ 1p36 Deletion
Syndrome | ☐ Epidermolysis
Ballosa | ☐ Oral Apraxia |
| ☐ 22q deletion
syndrome | ☐ Epilepsy | ☐ orimandibular
dystonia |
| ☐ 4p Syndrome | ☐ esotropia | ☐ orthostatic
hypotension |
| ☐ A-Fib | ☐ Essential
Hypertension | ☐ OSA (obstructive
sleep apnea) |
| ☐ AA Participant | ☐ Expressive Language
delay | ☐ osteoarthritis |
| ☐ Aarskog Scott | ☐ Extrapuramidal and
movement disorder | ☐ osteogenesis
imperfecta |
| ☐ Abnormal Bleeding | ☐ extremely low
platelets | ☐ osteomyelitis |
| ☐ achilles surgery 2012 | ☐ exzema | ☐ Osteopenia |
| ☐ Achondroplastic
Dwarfism | ☐ Eye
problem/glucoma | ☐ Osteoporosis |
| ☐ Acid Reflux | ☐ ezcema | ☐ Pacemaker |
| ☐ Acute on chronic
renal failure | ☐ Failure to thrive | ☐ pallister killian
syndrome |
| ☐ Acute Post Traumatic
Headache | ☐ Fainting Spells | ☐ pancreatitis |
| ☐ Acute respiratory
Failure with hypoxia | ☐ Fatty Liver | ☐ Pancytopenia |
| | ☐ Feeding Intolerance | |

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|---|--|---|
| ☐ Addiction | ☐ Feeding tube | ☐ paralysis |
| ☐ Addisons disease | ☐ Fetal Alcohol Syndrome | ☐ Parapalegia |
| ☐ adenoids | ☐ Fever Blisters | ☐ paraplegic |
| ☐ ADHD | ☐ Fibromyalgia | ☐ Parkinson's |
| ☐ ADHD/ADD | ☐ Flexion Contractures-Multipule joints | ☐ Parkinsons |
| ☐ Adjustment Disorder | ☐ focal segmental glomerulosclerosis | ☐ Paroxysmal Atrial Flutter |
| ☐ ADM in brain | ☐ Fragile X Syndrome | ☐ Patau Syndrome |
| ☐ Adrenal insufficiencies | ☐ Frequent Headaches | ☐ PCDH 19 gene mutation |
| ☐ Adult Failure to Thrive | ☐ Functioning Quadriplegic | ☐ PDD |
| ☐ adult hypertrophic pyloric stenosis | ☐ G-tube | ☐ PDSD |
| ☐ Adult Spinal atrophy | ☐ Gastritis | ☐ PEG tube |
| ☐ Agenesis Corpus Colossum | ☐ Gastro-Esophageal Reflux | ☐ Peripheral Vascular disease. |
| ☐ Aicardi syndrome | ☐ Gastroesophageal Reflux | ☐ persistent vegetative state |
| ☐ Alcohol Abuse | ☐ Gastrointestinal Hemorrhage | ☐ personal History of covid-19 |
| ☐ alcohol induces chromnic pancreatiti | ☐ Gastroparesis | ☐ pescarus |
| ☐ Allergic Rhinitis | ☐ gastrostomy | ☐ Phelan-McDermid Syndrome |
| ☐ Alopecia | ☐ Gene Xchange | ☐ Pica |
| ☐ Alzheimers | ☐ genetic disorder | ☐ Pierre Ribon syndrome |
| ☐ AMNEA LUMBARDOSIS | ☐ Genital Herpes | ☐ pituatuary tumor |
| ☐ Amytrophic Lateral Sclerosis | ☐ gerd | ☐ Plantar Fascitis |
| ☐ Anemia | ☐ GI surgery | ☐ PMG |
| ☐ Anesthesia | ☐ Gigantism | ☐ Pneumonia |
| ☐ Angelman Syndrome | ☐ Glaucoma | ☐ polycysticovary syndrome |
| ☐ Angina Pectoris | ☐ global developmental delay | ☐ polymyositis |
| ☐ Angioplasty | ☐ Global developmental delay | ☐ Port Wine |
| ☐ ankle arthritis | ☐ Glutaric Acidemia Type 1 | ☐ portal vein thrombosis |
| ☐ Anorectal Fistula | | |
| ☐ Anoxic Brain Damage | | |
| ☐ Anticoagulants | | |

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| ☐ Antracycline induced cardiomyopathy | ☐ GNA-01 movement disorder | ☐ Post Traumatic Stress |
| ☐ Anxiety | ☐ Goldenhaar syndrome | ☐ postral orthostatic |
| ☐ Anxiety Disorder | ☐ gout | ☐ Prader-Willi Syndrome |
| ☐ aortic valve | ☐ graft vs host disease | ☐ pre-diabetes |
| ☐ Aortic Stenosis | ☐ Granuloma | ☐ Pre-Med needed |
| ☐ Apert syndrome | ☐ graves disease | ☐ prediabetic |
| ☐ Aphasia | ☐ growth of benign tumors | ☐ Premature Birth |
| ☐ Arrhythmia | ☐ hallermann streiff syndrome | ☐ Premedicate |
| ☐ Arthritis | ☐ hallucinations | ☐ Pressure induced |
| ☐ arthrogyposis | ☐ Hartsfield Syndrome | ☐ Pride Willie Syndrome |
| ☐ Artificial Bones | ☐ Hay Fever | ☐ Profound mental retardation |
| ☐ Artificial Heart Valve | ☐ Head Injuries | ☐ Prolactinoma |
| ☐ Artificial Joint | ☐ Hearing Loss | ☐ Prosthetic Heart Valve |
| ☐ Aspergers | ☐ heart | ☐ Protein-Losing Enteropathy |
| ☐ Aspiration Risk | ☐ Heart Attack | ☐ Pseudobulbar affect |
| ☐ Asplenia Syndrome | ☐ Heart Disease | ☐ Psychiatric Problems |
| ☐ Asthma | ☐ Heart Failure | ☐ Psychiatric treatment |
| ☐ ASV and VSD | ☐ Heart Issues | ☐ Psychoactive substance abuse |
| ☐ Ataxia | ☐ Heart Murmur | ☐ psychosis |
| ☐ Atherosclerotic Heart Disease | ☐ Heart Surgery | ☐ PTSD |
| ☐ Atrial Fibrillation | ☐ Heart Transplant | ☐ Pulmonary Development |
| ☐ attention to tracheostomy | ☐ Heart Trouble | ☐ Pulmonary edema |
| ☐ Autism | ☐ Heartburn | ☐ pulmonary embolism |
| ☐ auto immune disease | ☐ Hemiparesis | ☐ pulmonary Heart Disease |
| ☐ AVM in brain | ☐ Hemiplegia | ☐ Pulmonary HTN |
| ☐ Back pain | ☐ Hemophilia | ☐ pulmonary hypertension |
| ☐ Back surgery | ☐ Hepatitis | |
| ☐ baclofen pump | ☐ Herpes | |
| ☐ Barth Syndrome | ☐ heterotaxy syndrome | |
| ☐ becker muscledysrophy | ☐ High Blood Pressure | |

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|---|---|--|
| ☐ Becker Muscular Dystrophy | ☐ High BMI | ☐ Pulmonary Valve Stenosis |
| ☐ Behavior Health Concerns | ☐ High Cholesterol | ☐ PURA syndrome |
| ☐ Behavioral issues | ☐ High Fever | ☐ pure hypercholestorolemia |
| ☐ Bell's Palsy | ☐ High Triglycerides | ☐ PVD |
| ☐ Benign Prostatic Hyperplasia | ☐ Hip Surgery | ☐ Pyruvate dehydrogenase deficiency |
| ☐ Bernard Syndrome | ☐ history of leukemia | ☐ Quadriplegia |
| ☐ Biliary Atresia | ☐ HIV - AIDS | ☐ Radiation Therapy |
| ☐ Bipolar | ☐ Hunter Syndrome | ☐ ramsay hunt syndrome |
| ☐ birth control | ☐ Huntington's Disease | ☐ Rare Genetic Mutation |
| ☐ Biscupid Aortic | ☐ Hurlers Syndrome | ☐ Reat Syndrome |
| ☐ Bladder Issues | ☐ hx of Covid-19 | ☐ rectal surgery |
| ☐ Blind | ☐ HX of Leukemia | ☐ recurrent TIA |
| ☐ blood clots | ☐ hx of prostate cancer | ☐ Reflux |
| ☐ Blood transfusion | ☐ hydrocephalus | ☐ regurgitation of food |
| ☐ bone growth retardation | ☐ HYDROCEPHALUS | ☐ Renal Failure |
| ☐ bone marrow transplants | ☐ Hydrocephalus Shunt | ☐ require PRE-MED |
| ☐ BPAN Syndrome | ☐ Hyperacusis | ☐ Respiratory Failure |
| ☐ BPH | ☐ Hypercalcemia | ☐ Respiratory Failure |
| ☐ Brain cancer | ☐ Hypercholesterolemia | ☐ Respiratory Problems |
| ☐ Brain oyst | ☐ hyperglyceridemia | ☐ Restless Leg Syndrome |
| ☐ Brain Tumor | ☐ Hyperlipidemia | ☐ restlessness and agitation |
| ☐ breath holding spells | ☐ hyperosmolality and hyponatremia | ☐ Restrictive airway disease |
| ☐ Bronchchitis | ☐ hypertension | ☐ Rett Syndrome |
| ☐ bronchial stenosis | ☐ hyperthermia | ☐ Rhabdomyolysis |
| ☐ Bruise Easily | ☐ Hyperthyroidism | ☐ rheumatic chorea |
| ☐ bypass surgery | ☐ Hyperthyroidism | ☐ Rheumatic Fever |
| ☐ C5-6 Fusion | ☐ hypertrophic cardiomyopathy | |
| ☐ cachexia | ☐ Hypoglycemia | |
| ☐ campomelic dysplasia | ☐ Hypokalemia | |
| | ☐ Hypomelanosis | |
| | ☐ hyponatremia | |
| | ☐ hypoosmality | |

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| ☐ Cancer | ☐ Hypoplastic left heart syndrome | ☐ rheumatoid arthritis |
| ☐ Cancer - Chemotherapy | ☐ Hypothyroidism | ☐ Rhinitis |
| ☐ cardiac arrest | ☐ Hysterectomy | ☐ Rotavirus |
| ☐ Cardiac FacioCutaneous Syndrome | ☐ IBS | ☐ RTS Rubinstein Laybi Syndrome |
| ☐ Cardio-facio-cutaneous syndrome | ☐ Idiopathic Hypotension | ☐ Rubenstein -Taybi Syndrome |
| ☐ Cardiomyopathy | ☐ IMMUNE THROMBOCYTOPENIA | ☐ San Filippo Syndrome |
| ☐ Catatonia | ☐ Impulse Control | ☐ sarcoidosis |
| ☐ Celiac DZ | ☐ insomnia | ☐ Scarlet Fever |
| ☐ CENTRAL APNEA | ☐ Insufficient Fluid Intake | ☐ Schizencephaly |
| ☐ Central core disease | ☐ intellectual disabilities | ☐ Schizoaffective disorder |
| ☐ CEREBALGIGANTISM | ☐ Intermittent Explosive disorder | ☐ schizophrenia |
| ☐ cerebral atrophy | ☐ Interstitial Cystitis | ☐ Scoliosis |
| ☐ Cerebral Infarction | ☐ intracranial injury | ☐ seasonal allergies |
| ☐ CEREBRAL PALSY | ☐ iron deficient | ☐ Seizures |
| ☐ Cerebral visual impairment | ☐ JG Tube | ☐ Selective mute anxiety |
| ☐ Cerebrovascular Disease | ☐ Joint Replacement | ☐ sensory autism |
| ☐ Cervical Cord Myelomalacia | ☐ Kabuki syndrome | ☐ Sensory Processing Disorders |
| ☐ Cervicalgia | ☐ KBG syndrome | ☐ sepsis 03/2022 |
| ☐ Charge Syndrome | ☐ KCNA1 deletion | ☐ Septo Optic Dysplasia |
| ☐ Chest Pains | ☐ Keratosis pilaris | ☐ Severe cognitive disability |
| ☐ CHF | ☐ kidney failure | ☐ Severed Neck & Spine |
| ☐ Chicken Pox | ☐ Kidney Problems | ☐ Severly Mentally Impaired |
| ☐ Cholecystectomy | ☐ Kidney Stones | ☐ Shaken baby syndrom |
| ☐ Chromosome 10 micro deletion | ☐ Kidney Transplant | ☐ Shingles |
| ☐ Chromosome 13 | ☐ LAMA 3 | ☐ Short Achilles |
| ☐ Chromosome 17 | ☐ Langer Giedion | ☐ Short gut syndrome |
| | ☐ Lazy Eye | |
| | ☐ Learning Disability | |

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| ☐ Chromosome 18 rayado | ☐ Left Side Weakness | ☐ shunt- in brain |
| ☐ Chromosome 18- Deletion | ☐ Leg surgery | ☐ Sickle Cell Disease |
| ☐ Chromosome 22Q | ☐ Leigh's disease | ☐ Sinus Problems |
| ☐ Chromosome8 duplication | ☐ lennox gastaut syndrome | ☐ Skeletal anomolies |
| ☐ Chromosomes 7 Peltion | ☐ LENNOX GAUSTAT | ☐ Skeletal dysplasia |
| ☐ Chrones | ☐ Lennox Gaustaut Syndrome | ☐ Sleep Apnea |
| ☐ Chronic Constipation | ☐ Lenox Syndrome | ☐ Small Intestine |
| ☐ Chronic Fatigue Sydrom Syndrome | ☐ Leopard Syndrome | ☐ Snomed CT(R) |
| ☐ chronic kidney disease | ☐ Leoprine Labia | ☐ soto syndrome |
| ☐ Chronic Lung Disease | ☐ Leukemia | ☐ SOX2 Syndrome |
| ☐ chronic Obstructive pulmonary Disease | ☐ leukopenia | ☐ Specific devlopmental disorder of motor funtions |
| ☐ Chronic Pain | ☐ Liver Disease | ☐ Spinabifida |
| ☐ chronic pleural effusion | ☐ Liver Enlargement | ☐ Spinabifida Oculata |
| ☐ Chronic Respiratory Failure | ☐ long term use of anticoagulants | ☐ spinal bifida |
| ☐ Chrons Disease | ☐ Low Blood Pressure | ☐ spinal fusion |
| ☐ cirrhosis of the liver | ☐ low immune system | ☐ Spinal Muscular Atrophy |
| ☐ claustrophobia | ☐ low platelets | ☐ Spinal Stenosis |
| ☐ Cleft Lip | ☐ Low Vitamin D | ☐ spondylosis |
| ☐ cleft palate | ☐ Lung Cancer | ☐ st |
| ☐ Cleft Palate | ☐ Lung issues | ☐ Stage 3 Kidney Disease |
| ☐ clonic seizure | ☐ Lung puncture | ☐ static encephalopathy |
| ☐ Clotting | ☐ Lupus | ☐ Steel Syndrome |
| ☐ Clotting issues | ☐ LYMES VDISEASE | ☐ stem cell transplant 2x |
| ☐ coffin-siris syndrome failure | ☐ Lymphedema | ☐ Stents |
| ☐ cognitive disability | ☐ Major Depressive Disorder | ☐ sth |
| ☐ Cognitive Skills delay | ☐ malignant neoplasm of brain | ☐ Stomach Problems |
| | ☐ malnutrition | ☐ stomach surgery |
| | ☐ mast cell disease | ☐ Stomach Ulcers |
| | ☐ Measles | |

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| ☐ Cohen Syndrome | ☐ Medium-chain acyl-CoA dehydrogenase (MCADD) | ☐ Stroke |
| ☐ Colitis | ☐ Meningioma | ☐ Sturge Weber syndrome |
| ☐ colostomy | ☐ meningitis | ☐ Subglottic stenosis |
| ☐ Combative | ☐ mental deficiency | ☐ Supeficial Mycosis |
| ☐ Commuication probles | ☐ mental development | ☐ supravalvular aortic stenosis |
| ☐ Complete Trisomy 21 Syndrome | ☐ Mental disorders | ☐ Surgery for staff infection |
| ☐ congenital acidosis | ☐ Mental Retardation | ☐ Swollen Ankles |
| ☐ Congenital Adrenal Hyperplasia | ☐ Methylmalonic Acedemia w homocystane | ☐ syndrome kabuki |
| ☐ Congenital Birth Defect | ☐ microcephaly | ☐ tachycardia |
| ☐ Congenital Heart Defect | ☐ micronathium | ☐ Tacordia Syndrome |
| ☐ Congestive Heart Failure | ☐ mildinfellectual disability | ☐ Talasemia minor |
| ☐ cognitive Impaired | ☐ Milo Intellectual | ☐ temporalmandibular joint problems |
| ☐ constipation | ☐ Miralax | ☐ Tetralogy of Fallot |
| ☐ Contact Dermatitis | ☐ Missing Y chromosome | ☐ Tetrology of Sallot |
| ☐ COPD | ☐ Mito Disorder | ☐ thrombocytopenia |
| ☐ Cornelia de Lange Syndrome | ☐ Mitochondrial Dysfunction | ☐ thrombosis |
| ☐ coronary artery disease | ☐ mitochondrial myopathy | ☐ Thyroid Problems |
| ☐ Corpus Callosotomy | ☐ Mitral Valve | ☐ Thyrotoxicosis |
| ☐ cortical vision | ☐ mitrochondria dysfunction | ☐ Tinnitus |
| ☐ Cosmetic Surgery | ☐ Mitrochondrial Disease | ☐ TMJ |
| ☐ Coutel Mitochondrial | ☐ mitrochondria dysfunction | ☐ tobacco use |
| ☐ CPAP | ☐ Mitrol valve | ☐ toriculis |
| ☐ Craniofacial anomaly | ☐ Modaerate Mental Handicap | ☐ Torticollis |
| ☐ Craniosynostois | | ☐ Tourettes |
| ☐ Cridu-Chat Syndrome | | ☐ Trach |
| ☐ Crouzon syndrome | | ☐ trach vented |
| ☐ CVA | | ☐ TRACHEAL MALACIA |
| | | ☐ Tracheostomy |
| | | ☐ transposition of the great vessels |
| | | ☐ transverse Myelitis |

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| ☐ CVID | ☐ Moderate Cognitive Disorder | ☐ Traumatic brain injury (TBI) |
| ☐ Cystic Fibrosis | ☐ Moderate Retardation | ☐ tricuspid atresia |
| ☐ DDH (developmental dysplasia of the hip) | ☐ Moebius Syndrome | ☐ trigeminal neuralgia |
| ☐ Deaf | ☐ mood disorder | ☐ trisomy 9m |
| ☐ delayed milestone | ☐ morbid obesity | ☐ Trisomy 13 |
| ☐ delusions | ☐ Morphine Allergy | ☐ Trisomy 21 |
| ☐ Dementia | ☐ Mosaic Inverted duplication 15Q Chromosome | ☐ Tuberculosis |
| ☐ Dental Chair Anxiety | ☐ MRSA | ☐ Tuberous Sclerosis |
| ☐ Depo Provera | ☐ MTHFR | ☐ tubersclerosis |
| ☐ depression | ☐ Mucopolysaccharidosis | ☐ Tuburous Sclerosis |
| ☐ Developmental delayed | ☐ multiple sclerosis | ☐ Tumor |
| ☐ Di George Syndrome | ☐ Muscle Wasting and Atrophy | ☐ Type 1 Diabetes |
| ☐ Diabetes | ☐ Muscle Weakness | ☐ TYPE 2 |
| ☐ Diabetes Insipidus | ☐ muscular disease | ☐ Type 2 Diabetes |
| ☐ Dialysis | ☐ muscular dystrophy | ☐ Ulcers |
| ☐ dias logan syndrome | ☐ Myasthenia Gravis | ☐ Unspecific attention for Gastrostomy |
| ☐ Difficulty Breathing | ☐ Myofascial dysfunction | ☐ Unspecified Anoxic Brain Damage |
| ☐ Difficulty Walking | ☐ Myotonic Muscular Dystrophy | ☐ Unspecified Convulsions |
| ☐ Digeorge Syndrome | ☐ narcolepsy with cataplexi | ☐ unspecified severe protein calorie malnutrition |
| ☐ Dislocation of the pelvis | ☐ NARROW TRACHEA | ☐ Unspecified w/out behavioral disturbance |
| ☐ Diverticulitis | ☐ neglect | ☐ urinary incontinence |
| ☐ Down Syndrome | ☐ nemi | ☐ Urinary Tract Infection |
| ☐ Drug Abuse | ☐ Nephrotic Syndrome | ☐ vagus nerve stimulator |
| ☐ duchenne muscular dystrophy | ☐ nerve disorder | ☐ Valley Fever |
| ☐ Duchenne muscular dystrophy | ☐ Nervous Disorders | ☐ Vascular dementia |
| ☐ DUP15q | ☐ neurocognitive | |
| ☐ Duplication of Chromosome | | |
| ☐ Dysautonomia | | |
| ☐ Dyslipidemia | | |

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|--|--|---|
| ☐ Dyslipidema | ☐ neurocognitive disorder | ☐ Vascular disorder of intestine |
| ☐ Dysmenorrhea | ☐ neurofibromatoses | ☐ Vascular hole in heart |
| ☐ dysphagia | ☐ neurogenic bladder | ☐ vaso vagal synpnois |
| ☐ Dysphagia | ☐ neurogenic bladder | ☐ Vegas Nerve Stimulator |
| ☐ dysphagia oropharyngeal phase | ☐ Bowel | ☐ Venereal Disease |
| ☐ Dysphosia XP2231 | ☐ neuromuscular dysfunction | ☐ ventilator dependent |
| ☐ Ear Tubes | ☐ neuropathy | ☐ Ventricular Shunt |
| ☐ ectodermal dysplasia | ☐ Neutropenia | ☐ Venus vascular malformation |
| ☐ Eczema | ☐ Non-Amblitory | ☐ vertigo |
| ☐ Edema | ☐ Non-Verbal | ☐ Vision impairment |
| ☐ EDS Syndrome | ☐ nonverbal | ☐ Volume Depletion |
| ☐ Ehlers Danlos Syndrome | ☐ Noonan Syndrome | ☐ von willebrand I |
| ☐ embolism | ☐ Nystagmus | ☐ VP shunt |
| ☐ Emphysema | ☐ O2 dependent | ☐ VSD |
| ☐ encephalopathy | ☐ Obesity | ☐ w/c bound |
| ☐ Encopresls | ☐ Obsessive Compulsive Disorder | ☐ Wenckebach's block |
| ☐ End Stage Renal Disease | ☐ obstructive sleep apnea | ☐ West Nile Virus |
| | ☐ Obstructive Sleep Apnea | ☐ Wheelchair bound |
| | ☐ OCD | ☐ William Syndrome |
| | | ☐ Williams Syndrome |
| | | ☐ Wolf Parkinson White Syndrom |
| | | ☐ Wolf-Hirschorn Syndrome |
| | | ☐ yeast infections |
| | | ☐ Yellow Jaundice |

Current Medications Please List:

Do you have sleep apnea?

- ☐ Yes
- ☐ No

Do you use a CPAP?

- ☐ Yes
- ☐ No

Have you ever had any complications following dental treatment?

- ☐ Yes
- ☐ No

If yes, please explain:

Have you been admitted to a hospital or needed emergency care during the past two years?

- ☐ Yes
- ☐ No

If yes, please explain:

Are you now under the care of a physician?

- ☐ Yes

☐ No

If yes, please explain:

Name of Physician:

Phone:

Do you have any health problems that need further clarification?

☐ Yes

☐ No

If yes, please explain:

☐ To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail.

Signature of patient, parent or guardian: *

Date:*

Sign

Referral Information

Whom may we thank for referring you to our practice?

☐ Another patient, friend

☐ Newspaper

If other:

- | | |
|--|---------------------------------|
| ☐ Another patient, relative | ☐ School |
| ☐ Dental Office | ☐ Work |
| ☐ Yellow Pages | ☐ Other |

Name of person or office referring you to our practice:

Consent for Services

*Required Fields

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the costs incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in cash at the time services are performed.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patients Insurance forms or assist in making collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

A service charge of 2% per month (24% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial agreements are satisfied.

I understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient examination.

In consideration for the professional services rendered to me, or at my request, by the Doctor, I agree to pay therefore the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered, or within five (5) days of billing if credit shall be extended. I further agree that the reasonable value of said services shall be as billed unless objected to, by me, in writing, within the time for payment thereof. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs of collection, including a 50% collection fee, attorney fees and court costs.

I grant my permission to you or your assignee, to telephone me at home or at my work to discuss matters related to this form.

I have read the above conditions of treatment and payment and agree to their content.

Signature of patient, parent or guardian: *

Date:*

Sign

Relationship to Patient:

Signature of guarantor of payment/responsible party:

Date:

Sign

Relationship to Patient:
