PATIENT REGISTRATION

		You Were Referre	ed To I	Js By					
Last Name		First				M.I.			
Address	Home Phone			No. Work					
City	Zip		Cell Phone No.		Email				
Birthday	Age	Male / Female		Single	М	arried	Other		
Social Security Number		Driver's License Numbe		•		Occupation			
Person To Contact For	Relat		tionship To Patient C		Contact P	hone No.			
Authorization To Pr	ovide Dental Tr	eatment To Min	or (if	applicable)					
My signature below in above named patient. I until the 18th birthday o	I understand I am	financially responsi	ible fo	any and all t	reatme	ent rendered.			
Signature of Parent/Gua	Date								
MEDICAL HISTO	ORY								
. Have you been hospi . Are you taking any n							Yes Yes	No No	
If yes, please list nan Do you smoke or che	ne and dosage:						Yes	No	
. Have you lost or gain		ounds in the past ye	ear?				Yes	No	
. <women> Are you:</women>	Pregnant? Yes, _	Months/ No	Nursi	ng? Yes/ No	Takin	ng birth contro	l pills? Yo	es/ No	
. Are you aware of hav							-		
	ving an anergie (or	ad verse) reaction to	o any m	nedication or su	ıbstanc	e?	Yes	No	
If yes, please list:					ıbstanc	e?	Yes	No	
					ıbstanc	e?	Yes	No -	
If yes, please list:	which of the following					e? old Sores / Fev		-	
If yes, please list: Circle and Indicate w	which of the following	ing you have had, or			Co		er Blisters	-	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain	which of the followingse, Attack)	ing you have had, or Ulcers Diabetes Thyroid Proble	r have a		Co Ble	old Sores / Fev	er Blisters	-	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis	which of the followingse, Attack)	ing you have had, or Ulcers Diabetes	r have a		Co Blo He	old Sores / Fev	er Blisters	-	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain	which of the followingse, Attack)	ing you have had, or Ulcers Diabetes Thyroid Proble	r have a		Co Blo He Liv	old Sores / Fevood Transfusion	er Blisters on	-	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr	which of the following ase, Attack)	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis	r have a		Co Blo He Liv Ye Mi	old Sores / Fevood Transfusion emophilia ver Disease ellow Jaundice titral Valve Pro	er Blisters on	-	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever	which of the following ase, Attack) sease ressure	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever	r have a		Co Blo He Liv Ye Mi	old Sores / Fevood Transfusion of the control of th	er Blisters on	-	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis	which of the following ase, Attack) sease ressure	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Cough Tuberculosis Hay Fever Latex Sensitiv	r have a		Co Blo He Liv Ye Mi Sio Br	old Sores / Fevood Transfusion philia ver Disease ellow Jaundice tral Valve Prockle Cell Diseauise Easily	er Blisters on olapse ase	-	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles	which of the followingse, Attack) sease ressure	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug' Tuberculosis Hay Fever Latex Sensitiv Allergies or H	r have a		Co Blo He Liv Ye Mi Sio Br	old Sores / Fevood Transfusion of Tr	er Blisters on dapse ase sorders	;	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures	which of the followingse, Attack) sease ressure	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble	r have a		Co Blo He Liv Ye Mi Sio Br Ne Psy	old Sores / Fevood Transfusion	er Blisters on lapse ase sorders chological	i Care	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp	which of the followingse, Attack) sease ressure	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Cough Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther	r have a		Co Blo He Liv Ye Mi Sio Br Ne Psy	old Sores / Fevood Transfusion of Tr	er Blisters on lapse ase sorders chological	i Care	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp Asthma	which of the followingse, Attack) sease ressure	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Cough Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy	r have a		Co Blo He Liv Ye Mi Sio Br Ne Psy Sex Glo	old Sores / Fevood Transfusion mophilia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psykually Transmaucoma	er Blisters on lapse ase sorders chological	i Care	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp Asthma Leukemia	which of the followingse, Attack) sease ressure	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors	r have a	at present.	Co Ble He Liv Ye Mi Sio Br Ne Ps; Sex Gl	old Sores / Fevood Transfusion mophilia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psycually Transmiaucoma	er Blisters on lapse ase sorders chological	i Care	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp Asthma Leukemia Stroke	which of the followingse, Attack) sease ressure sm	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E	r have a	at present.	Co Ble He Liv Ye Mi Sid Br Ne Ps; Sex Gl.	old Sores / Fevood Transfusion philia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psykually Transmancoma physema	er Blisters on blapse ase sorders chological itted Disea	i Care	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp Asthma Leukemia Stroke Diet (Special/Restrice	which of the followingse, Attack) sease ressure sm	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea	r have a	at present.	Co Ble He Liv Ye Mi Sid Br Ne Ps; Sex Gl. En	old Sores / Fevood Transfusion mophilia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psykually Transmancoma apphysema agina ortisone Medic	er Blisters on blapse ase sorders chological itted Disea	i Care	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp Asthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip,	which of the followingse, Attack) sease ressure sm	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Cough Tuberculosis Hay Fever Latex Sensitiv Allergies or Harmonic Touble Radiation Ther Chemotherapy Tumors Hepatitis A Eveneral Diseat	r have a	at present.	Co Ble He Liv Ye Mi Sid Br Ne Ps; Sex Gl. En An	old Sores / Fevood Transfusion mophilia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psykually Transmancoma apphysema agina ortisone Medic tificial Heart V	er Blisters on blapse ase sorders chological itted Disea	i Care	
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp Asthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases	which of the followingse, Attack) sease ressure sm sells sted)	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive	r have a	at present.	Co Ble He Liv Ye Mi Sid Br Ne Ps; Sex Gl. En An	old Sores / Fevood Transfusion mophilia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psykually Transmancoma apphysema agina ortisone Medic	er Blisters on blapse ase sorders chological itted Disea	I Care	No
If yes, please list: Circle and Indicate w Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dis Heart Murmur High / Low Blood Pr Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Sp Asthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip,	which of the followingse, Attack) sease ressure sm sells sted) s, knee, etc) e you had any disease	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro	r have a ems ch rity lives rapy y 3 C (coase	at present. ircle) ot listed?	Co Ble He Liv Ye Mi Sid Br Ne Ps; Sex Gl. En An	old Sores / Fevood Transfusion mophilia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psykually Transmancoma apphysema agina ortisone Medic tificial Heart V	er Blisters on blapse ase sorders chological itted Disea	i Care	No
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Prescription of Part Rheumatic Fever Arthritis / Rheumatics Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Spasthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases). Do you have or have If yes, please list:	which of the followingse, Attack) sease ressure sm sells sted) knee, etc) e you had any disease	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Cough Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro-	r have a ems ch rity lives rapy y 3 C (coase	at present. ircle) ot listed?	Co Ble He Liv Ye Mi Sid Br Ne Ps; Sex Gl. En An	old Sores / Fevood Transfusion mophilia wer Disease ellow Jaundice itral Valve Prockle Cell Diseauise Easily eurological Disychiatric / Psykually Transmancoma apphysema agina ortisone Medic tificial Heart V	er Blisters on blapse ase sorders chological itted Disea	I Care use	No No
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Prescription of Part Rheumatic Fever Arthritis / Rheumatics Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Spasthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases Do you have or have If yes, please list: Do your gums bleed Are your teeth sensite	which of the followingse, Attack) sease ressure sm sells sted) sknee, etc) respond had any disease while brushing or sive to hot, cold, sw	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Couge Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro	r have a dems th rity lives rapy y 3 C (c) ase e oblem n	ircle) ot listed?	Co Blo Hee Liv Yee Mi Sio Br Nee Ps: Sex Gl: En Co Ar Lu	old Sores / Fevood Transfusion (amophilia ver Disease allow Jaundice atral Valve Prockle Cell Diseaurise Easily (aurological Disychiatric / Psycually Transmancoma (aphysema agina auroisone Medicitificial Heart Vang Problems	er Blisters on blapse ase sorders chological itted Disea	I Care	
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Prescription of Part Rheumatic Fever Arthritis / Rheumatics Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Spasthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases Do you have or have If yes, please list: Do your gums bleed Are your teeth sensite	which of the followingse, Attack) sease ressure sm sells sted) sknee, etc) respond had any disease while brushing or sive to hot, cold, sw	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Couge Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro	r have a dems th rity lives rapy y 3 C (c) ase e oblem n	ircle) ot listed?	Co Blo Hee Liv Yee Mi Sio Br Nee Ps: Sex Gl: En Co Ar Lu	old Sores / Fevood Transfusion (amophilia ver Disease allow Jaundice atral Valve Prockle Cell Diseaurise Easily (aurological Disychiatric / Psycually Transmancoma (aphysema agina auroisone Medicitificial Heart Vang Problems	er Blisters on blapse ase sorders chological itted Disea	I Care use Yes Yes Yes	No No
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Prescription of Part Rheumatic Fever Arthritis / Rheumatics Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Spasthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases). Do you have or have If yes, please list: Do your gums bleed. Are your teeth sensit If yes, please indicated. Do you have a toothat.	which of the followingse, Attack) sease ressure sm pells ted) he knee, etc) you had any disease while brushing or for ive to hot, cold, swee what and where: ache? If yes, please	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro-	r have a dems th rity lives rapy y 3 C (c) ase e oblem n	ircle) ot listed?	Co Blo Hee Liv Yee Mi Sio Br Nee Ps: Sex Gl: En Co Ar Lu	old Sores / Fevood Transfusion (amophilia ver Disease allow Jaundice atral Valve Prockle Cell Diseaurise Easily (aurological Disychiatric / Psycually Transmancoma (aphysema agina auroisone Medicitificial Heart Vang Problems	er Blisters on lapse ase sorders chological atted Disea	Yes Yes Yes Yes	No
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Prescription of Part Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Spasthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases Do you have or have If yes, please list: Do your gums bleed Are your teeth sensit If yes, please indicated Do you have a toothat Have you ever had in	which of the followingse, Attack) sease ressure sm pells eted) he knee, etc) you had any disease while brushing or five to hot, cold, sw e what and where: ache? If yes, please njuries to your head	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Cough Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro-	r have a dems th rity lives rapy y B C (coase boblem n	ircle) ot listed?	Co Blo Hee Liv Yee Mi Sio Br Nee Ps: Sex Gl: En Co Ar Lu	old Sores / Fevood Transfusion (comphilia) wer Disease ellow Jaundice itral Valve Prockle Cell Disease uise Easily eurological Disychiatric / Psycually Transmiaucoma aphysema agina ortisone Medic tificial Heart Vang Problems	er Blisters on lapse ase sorders chological itted Disea ine Valve	Yes Yes Yes Yes Yes No	No No
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Present Research Parker Arthritis / Rheumatic Fever Arthritis / Rheumatic Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Special Asthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases). Do you have or have If yes, please list: Do your gums bleed Are your teeth sensit If yes, please indicated Do you have a toothated. Have you ever had in Do you have any jaw.	which of the followingse, Attack) sease ressure sm pells ted) he knee, etc) you had any disease while brushing or for the cold, sw e what and where: hacke? If yes, please had joint problems? (i	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro-	r have a dems th rity lives rapy y B C (coase boblem n or foods	ircle) ot listed?	Co Blo Hee Liv Yee Mi Sic Br Ne Ps: Sex Gl: En Co Ar Lu	old Sores / Fevood Transfusion (comphilia) wer Disease ellow Jaundice itral Valve Prockle Cell Disease uise Easily eurological Disychiatric / Psycually Transmiaucoma aphysema agina ortisone Medic tificial Heart Vang Problems	er Blisters on lapse ase sorders chological itted Disea	Yes Yes Yes Yes No No	No No
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Present Rheumatic Fever Arthritis / Rheumatis Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Spasthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases Do you have or have If yes, please list: Do your gums bleed Are your teeth sensit If yes, please indicate Do you have a toothat Have you ever had in Do you have a bleed.	which of the followingse, Attack) sease ressure sm pells ted) he knee, etc) you had any disease while brushing or faive to hot, cold, sw e what and where: hache? If yes, please njuries to your head y joint problems? (i ing problem? (i.e. p	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro-	r have a dems th rity lives rapy y B C (coase boblem n or foods	ircle) ot listed?	Co Blo Hee Liv Yee Mi Sio Br Ne Ps: Sex Gl: En Co Ar Lu	old Sores / Fevood Transfusion (comphilia) wer Disease ellow Jaundice itral Valve Prockle Cell Disease uise Easily eurological Disychiatric / Psycually Transmiaucoma aphysema agina ortisone Medic tificial Heart Vang Problems	er Blisters on lapse ase sorders chological itted Disea ine Valve	Yes Yes Yes Yes No No No	No No No
If yes, please list: Circle and Indicate we Heart (Surgery, Dise Heart Pacemaker Chest Pain Congenital Heart Dise Heart Murmur High / Low Blood Present Research Parker Arthritis / Rheumatic Fever Arthritis / Rheumatic Swollen Ankles Epilepsy or Seizures Fainting or Dizzy Special Asthma Leukemia Stroke Diet (Special/Restric Artificial Joints (hip, Kidney Diseases). Do you have or have If yes, please list: Do your gums bleed Are your teeth sensit If yes, please indicated Do you have a toothated. Have you ever had in Do you have any jaw.	which of the followingse, Attack) sease ressure sm pells ted) he knee, etc) you had any disease while brushing or for the cold, swee what and where: he what and where: higher to your head or joint problems? (i.e. pro or orthodontic treater)	ing you have had, or Ulcers Diabetes Thyroid Proble Anemia Chronic Coug Tuberculosis Hay Fever Latex Sensitiv Allergies or H Sinus Trouble Radiation Ther Chemotherapy Tumors Hepatitis A E Venereal Disea A.I.D.S H.I.V. Positive se, condition, or pro-	r have a dems th rity lives rapy 3 C (coase boblem n joints, llowing	ircle) ot listed?	Co Blo Hee Liv Yee Mi Sio Br Ne Ps: Sex Gl: En Co Ar Lu	old Sores / Fevood Transfusion (amophilia ver Disease ellow Jaundice itral Valve Prockle Cell Diseaurise Easily eurological Disychiatric / Psycually Transmaucoma (amophysema ligina problems) (amophysema ligina problems) (but ificial Heart Vang Problems) (amophysema ligina problems)	er Blisters on lapse ase sorders chological itted Disea	Yes Yes Yes Yes No No	No No

OFFICE AND FINANCIAL POLICIES

- 1. General Consent To Treatment I hereby authorize my doctor and designated staff to perform any and all forms of procedures deemed appropriate by the doctor, which include but not limited to examination, radiographic survey, dental cleaning, restoration and filling of teeth, gum treatment, extraction, etc., to enable a thorough diagnosis and treatment for (name of patient)
- 2. Adult / Minor Patients Adult patients are responsible for full payment at time of service. The parent/guardian who brings the minor patient in for treatment is responsible for payment. Our office will not provide service for unaccompanied minors unless consent to treat and advance financial arrangements have been made.
- 3. Dental Insurance I understand that I am solely responsible for my entire account balance regardless of my insurance. Any insurance benefits or coverage information provided, as a courtesy to me by this office, is not a guarantee of eligibility or payment. I shall be responsible for any remaining balance, fees, deductibles, estimated portions and co-payments for my account.
- 4. Assignment of Dental Benefits I assign dental benefit payment from my insurance company to be paid directly to the doctor. I authorize the release of this form, and any medical and dental information necessary for the process of my insurance submissions.
- 5. Late Charge A late fee of \$25.00 will be added to the remaining balance if payment is not received by the due date. Returned Check A service fee of \$25.00 will be applied to each returned check.
 Default Ten days after the due date without payment, the account will be considered in default. In such a case, the entire balance shall become past due, including all collection fees and charges.
- 6. Appointment Policy It is your responsibility to remember your appointment. Please notify us 24 hours in advance if you are unable to keep your appointment. Failure to do so will result in a broken appointment charge of \$25.00 on your account.

I have read, understand, and agree to comply with the foregoing Office and Financial Policies. I will ask for further explanation if I have any questions regarding these policies. I understand that I am entitled to have a copy of this form.

ignature of Patient/Guardian	Date				
Receipt of Notice of Privacy Practice	s & Dental Material Fact Sheet				
My signature below indicates that I have received a copy of: 1) This office's Notice of Privacy Practice 2) The Dental Materials Fact Sheet developed by the Dental Board We are required by law that each patient be given a copy. It dis Materials to restore cavities and to replace missing teeth.					
Signature of Patient/Guardian	Date				
For Office U.	ise Only				
We were unable to obtain written acknowledgement of receipt of Individual refused to sign Communication barriers prohibited us from obtaining such a An emergency situation occurred Others Reasons					

KA-WING CHEW, D.D.S.

Richmond Neighborhood Family Dental 3585 Balboa Street, San Francisco, CA 94121 (415) 221-8100

ADVANCED SOLUTIONS FOR BEAUTIFUL SMILES