**Welcome to Our Office**

**PERSONAL INFORMATION**

Name: jvon\_2 Date of Birth: Sex: jvon\_3

Address: jvon\_4

Home Phone#: jvon\_5

Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: jvon\_6

Referred by: jvon\_7

Do you have dental coverage? ­ jvon\_9

**DENTAL HISTORY**

Please record previous dentist name and phone number if applicable: jvon\_8

Do you have any dental problems or concerns presently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle Yes or No for the following: (If Yes, please fill in details)

jvon\_\_10 Do you have sensitivity to temperature or pressure?

jvon\_\_11 Do your gums bleed when you brush your teeth?

jvon\_\_12 Do you grind/clench your teeth?

jvon\_\_13 Do you have any cracking or clicking of your jaw?

**MEDICAL HISTORY**

Emergency Contact: jvon\_\_14 Phone#: jvon\_\_15 Relationship: jvon\_\_16

Family Physician: jvon\_\_17 Physician Phone#: jvon\_\_18 Care Card:

Circle any of the medical conditions below that you have had or currently have.

jvon\_\_19

Are there any medical conditions we have not discussed that you feel we should be aware of?

jvon\_\_20

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This is to certify that I, the undersigned, consent to the performing of the dental and oral procedures agreed to be necessary or advisable, including the use of general or local anesthetic as indicated and I will assume responsibility for fees associated with those procedures. In the presence of insurance, I authorize the handing of my insurance and exchange of information whether electronically or manually by Lotus Smile Dental office. **Our office policy is 48 hours notice to cancel/change an appointment. $60 will be charged for late cancellation or no show.**

Signature of patient, parent or guardian: jvon\_\_21 Date: jvon\_1