## **PATIENT REGISTRATION**

ID:	Chart ID:										
First Name:	irst Name:		st Name:	Middle Initial:							
Patient Is:	Policy Holder	Preferred									
	Responsible Party										
	e Party (if someone other than										
First Name:		La	st Name:			Middle Initial:					
Address:				): -							
	Zip:										
Home Phon	e:				Cellular:						
Birth Date:		Soc Sec:		Drive	ers Lic:	×					
○ Respo	nsible Party is also a Policy Ho	older for Patient O Prima	ary Insurance P	olicy Holder	O Secondary	Insurance Policy Holder					
Patient Info											
	Address: Address 2:										
City:		State / Zip:			Pager:						
Home Phon	e:	Work Phone:		Ext:	Cellular:						
Sex:	Male Female	Marital Status	s: Married	○ Single	Divorced	○ Separated ○ Widowed					
Birth Date:		Age: Soc. Se	c:		Drivers Lic:						
E-mail:	ail: I would like to receive correspondences via e-mail.										
	Section 2				Section 3						
Employmen	t Status: Full Time	Part Time Retire	d			erred By:					
Student Sta	tus:	) Part Time				s Dentist:					
					Emergency Emergency C						
		Pref. Dentist: Pref. Pharmacy:			Emergency c						
Employer ID											
Carrier ID:		Pref. Hyg.:									
Primary Inst	urance Information										
Name of Ins	ured:		Rela	tionship to Insu	red: Self	Spouse Child Other					
Insured Soc	: Sec:	Insured Birt	h Date:								
Employer:			Ins. Co	mpany:							
Addr	ress:			Address:							
Addres	es 2·		A	ddress 2:							
City,State				State,Zip:							
-	its: .00 F			- tato,—,p.							
	nsurance Information										
Name of Ins			Rela	tionship to Insu	red: ○ Self	Spouse Child Other					
Insured Soc		Insured Birt									
Employer:		madred Birt		mpanv:							
	2.			ddress 2:							
Addres											
City,State,		Iama Dadusti		State,Zip:							
Rem. Benefi	its: .00 F	tem. Deduct:	.00								

## MEDICAL HISTORY

FOR

	Pura de la companya d	O Voc O No If yes ni	ease explain:	
	under a physician's care now?		And the state of t	
	alized or had a major operation		ease explain:	
	d a serious head or neck injury?		ease explain:	
	any medications, pills, or drugs?		ease explain:	
Do you take, or have	you taken, Phen-Fen or Redux?	Yes No	for extra policina and representation as a second and the contract of the cont	
	Are you on a special diet?	**************************************		
	Do you use tobacco?		/omen: Are you	
Do	you use controlled substances?	Yes No	Pregnant/Trying to get pre	egnant? Nursing?
			Taking oral contraceptive	s?
Are you allergic to any of	the following?		hanned brown	
Aspirin Pen	icillin Codeine	Acrylic Metal	Latex Local A	Anesthetics
Other If yes, please	explain:		oonlyk waa aan dii saa dii daa aa dii daa aa dii	y about to one with the day of the rest to the total and the control of the contr
Do you have, or have yo	u had, any of the following?			
AIDS/HIV Positive	Chest Pains	Frequent Headaches	Irregular Heartbeat	Scarlet Fever
Alzheimer's Disease	Cold Sores/Fever Blisters	Genital Herpes	Kidney Problems	Shingles
Anaphylaxis	Congenital Heart Disorder Convulsions	Glaucoma Hay Fever	Liver Disease	Sickle Cell Disease Sinus Trouble
Anemia Angina	Contisone Medicine	Heart Attack/Fallure	Low Blood Pressure	Spina Bifida
Arthritis/Gout	Diabetes	Heart Murmur	Lung Disease	Stomach/Intestinal Disease
Artificial Heart Valve	Drug Addiction	Heart Pace Maker	Mitral Valve Prolapse	Stroke
Artificial Joint	Easily Winded	Heart Trouble/Disease	Pain in Jaw Joints	Swelling of Limbs
Asthma	Emphysema	Hemophilia	Parathyroid Disease	Thyroid Disease
Blood Disease	Epilepsy or Seizures	Hepatitis A	Psychiatric Care	Tonsillitis
Blood Transfusion	Excessive Bleeding	Hepatitis B or C	Radiation Treatments	Tuberculosis
Breathing Problem Bruise Easily	Excessive Thirst Fainting Spells/Dizziness	Herpes High Blood Pressure	Recent Weight Loss Renal Dialysis	Ulcers
Cancer	Frequent Cough	Hives or Rash	Rheumatic Fever	Venereal Disease
Chemotherapy	Frequent Diarrhea	Hypoglycemia	Rheumatism	Yellow Jaundice
		O 11 O 11 11		
Have you ever had any s	erious illness not listed above?	Yes No IT yes, plea	se explain:	
Comments:				
Comments.		diktorioning, interveligionistis of periodicipa, originals de areasumigative distribuja gazarum emistenteles d		
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and a comment of the section of a second desire a section of the s	inin and an advantage and an analysis and an advantage and an advantage and a strength on the analysis and an advantage and			
To the best of my knowl	edge, the questions on this form	have been accurately ans	vered. I understand that provi	iding incorrect information can be
dangerous to my (or pat	ient's) health. It is my responsi	bility to inform the dental of	ce of any changes in medical	status.
		esses granura amenoração poe nos soveis consistencia freira en executivo, en entre para promperente de entre d	orkinen errennen deut hjutan værsanskreint met en hvantekanska het att biska bet værse ververen erren er en st T	niquimphonistas din certat indentribus taren tro-freentation which on our removary topic population and quality year more con-
	NT, PARENT, or GUARDIAN_			DATE