Ryan H. Willden D.D.S.
General Dentistry
10334 S. Redwood Road
South Jordan, UT 84095
(801) 446-4668 • (801) 446-6037

Welcome

It is a pleasure to serve you! Please fill out the front and back completely. The better we communicate, the better we can help you. If you have any questions, please ask.

Patient Information

Name _____
Last First MI
Prefer to be called _____ Male❒ Female ❒
HM#_____Pager/Mobile#_____
WK#_____Ext._____
Best Place and time to be reached _____
Birthdate_____/_____/_____ Age _____
SS#_____
Home address _____
_____
City State Zip
Mailing address _____
(if different)
_____
City State Zip

Optional:
❒Single ❒Married ❒Widowed ❒Divorced ❒Separated
Employer _____
How long there? _____ Occupation _____
Other family members seen by us _____
_____

Spouse Information

Name _____
Employer _____
WK# _____ Ext. _____

Primary Dental Insurance

Insurance company name _____
Insurance company address _____
_____
Insurance company phone # (____) _____
Group # (Plan, Local, or Policy #) _____
Insured's name _____
Relationship to patient _____
Insured's birthdate ____/____/____ SS # _____

Secondary Dental Insurance

Insurance company name _____
Insurance company address _____
_____
Insurance company phone # (____) _____
Group # (Plan, Local, or Policy #) _____
Insured's name _____
Relationship to patient _____
Insured's birthdate ____/____/____ SS # _____

In the Event of an Emergency...

Is there someone not living with you that we could contact?
Name _____
Relationship _____
WK # _____ HM # _____

Fees in this office are less than the average for general dentistry in the United States. Please help us keep our fees low by coming to each appointment (on time). When a change of appointment is necessary, 48 hours advance notice is requested. This enables us to offer your reserved time to other patients who need our services. **Typically a $15 to $45 charge will be made for broken appointments where at least 24 hours notice is not given.**

I authorize payment of my insurance benefits directly to Dr. Willden. I authorize the release of any information concerning my medical history, illness, or injuries to insurance carriers. A photocopy of this authorization shall be as valid as the original.

I understand that I am financially responsible for all charges whether or not paid by insurance. I further agree to pay interest at the rate of 1-1/2% per month (18% per year). I agree to pay all attorney fees, court costs, filing fees, including charges or commissions, up to 50%, that may be assessed to me by a collection agency retained to pursue this matter, with or without suit. I hereby authorize said assignee to release all information necessary to secure payment.

_____ _____
Signature Date

Medical History

Your current physical health is ☐ Good ☐ Fair ☐ Poor

Physician's name _____

Have you been to a physician within the past year? ☐ Yes ☐ No

If yes, why? _____

Are you taking any prescription, diet, or over-the-counter drugs?

☐ Yes ☐ No Please specify name and purpose of each medication.

_____

_____

Dental History

Who may we thank for referring you? _____

Have you ever had a serious/difficult problem associated with previous dental work? ☐ Yes ☐ No

If yes, explain _____

Have you had any pain/discomfort in your jaw joint (TMJ/TMD)?

☐ Yes ☐ No

If yes, explain _____

Have you ever taken prescription medication for weight reduction (diet pills)? ☐ Yes ☐ No

If "yes" did you take any of the following (please circle)

Fen-Phen (Fenfluramine+Phentemine) Pondimin (Fenfluramine) Redux (Dexfenfluramine)

If you have ever taken any of these drugs, have you been examined to insure that your heart valves were not affected? ☐ Yes ☐ No

Have you had any unusual or allergic reactions to any of the following?

Y N Penicillin	Y N Erthromycin	Y N Tetracycline	Y N Codeine	Y N Local anesthetic
Y N Aspirin	Y N Latex	Y N Metals	Y N Acrylic	Y N Non-steroidal anti-inflammatories
Y N Pollen, etc.	Y N Other narcotic	Y N Other drug, please list _____		

Do you have or have you ever had any of the following problems?

Y N Heart attack	Y N Jaundice	Y N Epilepsy	Y N Eating disorders	Y N High blood pressure
Y N Angina	Y N Cirrhosis	Y N Stroke	Y N Diabetes	Y N Low blood pressure
Y N Arrhythmia	Y N Kidney disease	Y N Nervous breakdown	Y N Glaucoma	__/__ is my average blood pressure
Y N Pacemaker	Y N Dialysis	Y N Emotional problems	Y N Arthritis	Y N Congestive heart failure
Y N Heart murmur	Y N Thyroid problem	Y N Depression	Y N Sinus trouble	Y N Unusual trouble breathing
Y N Artificial valve	Y N Alzheimer's	Y N Tuberculosis	Y N Tumors	reclined or walking up stairs
Y N Rheumatic fever	Y N Blood disorder	Y N Asthma	Y N Cancer	Y N Swollen ankles and/or feet
Y N Endocarditis	Y N Anemia	Y N Emphysema	Y N Radiation treated	Y N Mitral valve prolapse
Y N Artificial joint	Y N Excessive bleeding	Y N Chronic cough	Y N Chemotherapy	Y N Internal prosthetic device
Y N Hepatitis A	Y N Easy bruising	Y N Stomach ulcers	Y N HIV+ / AIDS	Y N Sores in mouth or on lips
Y N Hepatitis B	Y N Fainting	Y N Intestinal disease	Y N Alcoholism	Y N Immune system disorder
Y N Hepatitis C	Y N Convulsions	Y N Chronic diarrhea	Y N Drug Habit	Y N Other serious condition
Y N Venereal disease				

I understand the medical and dental history information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed, you have my permission to ask the respective health care provider or agency, who may release such information to you. I will notify the doctor of any change in my health or medication.

We pride ourselves in communicating very well with patients. Please discuss with us any concerns that you have at any time. Any claim or controversy between the patient and/or a legally authorized representative of the patient and dentist concerning the care and treatment rendered by the dentist to the patient shall be resolved by mediation or arbitration according to the rules of WESTERN MEDIATION, should any dispute arise regarding the quality of dental services rendered. A claim or controversy shall first be submitted to non-binding mediation. If the claim or controversy is not resolved to the satisfaction of both parties through the mediation process, it will be submitted to binding arbitration. Judgment(s) on the decision achieved through mediation or rendered by the arbitrator(s) can be entered in any court having jurisdiction thereof. Costs for mediation and/or arbitration services shall be shared equally by the parties involved. The foregoing mediation/ arbitration agreement does not pertain to actions taken for the collection of debts owed as a result of dental services rendered.

_____ _____

Signature Date