

DENTAL REGISTRATION AND HISTORY

<p>PATIENT INFORMATION</p> <p style="text-align: right;">Date _____</p> <p>Patient Name _____</p> <p>Address _____</p> <p style="text-align: center;">City _____ State _____ Zip _____</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Sex: <input type="checkbox"/> M <input type="checkbox"/> F Age _____ Birthdate _____</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced</p> <p>Patient SS# _____</p>	<p>DENTAL INSURANCE</p> <p>Who is responsible for your insurance account? _____</p> <p>Relationship to patient (self/spouse/parent) _____</p> <p>Insurance Co. _____</p> <p>Subscriber's Name (if not self) _____</p> <p>Birthdate _____ SS# _____</p> <p>ASSIGNMENT AND RELEASE: I, the undersigned certify that I (or my dependant) have insurance coverage with and assign directly to Dr. Damirchi all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I hereby authorize the release of medical information to any of my health care providers or insurance companies that may be pertinent to my case. I hereby authorize direct payment of insurance benefits that are otherwise payable to me. I hereby authorize the release of my medical records to third-party insurers or other persons to whom disclosure is necessary to establish or collect a fee for the services provided. I understand that payment in full is due at the time services are rendered; however, I agree to pay a finance charge of 1.5% per month on balances over thirty (30) days past due, which is an annual percentage rate of 18%. IF MY ACCOUNT IS REFERRED TO AN ATTORNEY OR TO A COLLECTION AGENCY FOR COLLECTION, I AGREE TO PAY ALL COLLECTION FEES AND COURT COSTS, INCLUDING ATTORNEY'S FEES OR COLLECTION AGENCY FEES IN THE AMOUNT OF THIRTY-THREE AND ONE-THIRD PERCENT (33 1/3%) OF THE TOTAL INDEBTEDNESS THEN DUE. A photocopy of this contract shall be considered as valid as the original. This contract is binding for current and future transactions.</p> <p>_____</p> <p style="text-align: center;">Responsible Party Signature & Relationship to Patient Date</p>																																																																										
<p>OTHER INFORMATION</p> <p><i>EMPLOYMENT INFORMATION</i></p> <p>Occupation _____</p> <p>Employer _____</p> <p>Employer Address _____</p> <p>_____</p> <p>Employer Phone _____</p> <p><i>SPOUSE INFORMATION</i></p> <p>Spouse's Name _____</p> <p>Birthdate _____ SS# _____</p> <p>Occupation _____</p> <p>Spouse's Employer _____</p> <p><i>Whom may we thank for referring you?</i></p>	<p>EMERGENCIES</p> <p>Name/Relationship: _____</p> <p>Home Phone: _____ Work Phone _____</p>																																																																										
<p>MEDICATIONS AND ALLERGIES</p> <p>List any medications you are currently taking:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Pharmacy Name _____</p> <p>Phone _____</p> <p>Allergies (please circle any allergies you may have)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Aspirin</td> <td style="width: 50%;">Local Anesthetic</td> </tr> <tr> <td>Barbiturates</td> <td>Penicillin</td> </tr> <tr> <td>Iodine</td> <td>Sulfa</td> </tr> <tr> <td>Latex</td> <td>Other _____</td> </tr> </table>	Aspirin	Local Anesthetic	Barbiturates	Penicillin	Iodine	Sulfa	Latex	Other _____	<p>DENTAL/HEALTH HISTORY</p> <p>Reason for today's visit _____</p> <p>Date of last dental visit _____</p> <p>Date of late dental x-rays _____</p> <p><i>Please circle to indicate if you have had a history of any of the following:</i></p> <table style="width: 100%; border: none;"> <tr> <td>Bad Breath</td> <td>Lip or cheek biting</td> <td>Herpes</td> </tr> <tr> <td>Bleeding Gums</td> <td>Loose teeth</td> <td>High Blood Pressure</td> </tr> <tr> <td>Blisters on lips or mouth</td> <td>Broken fillings</td> <td>Jaundice</td> </tr> <tr> <td>Burning sensation on tongue</td> <td>Mouth breathing</td> <td>Jaw Pain</td> </tr> <tr> <td>Chew on one side of mouth</td> <td>Mouth pain, brushing</td> <td>Low Blood Pressure</td> </tr> <tr> <td>Smoking</td> <td>Orthodontic treatment</td> <td>Mitral Valve Prolapse</td> </tr> <tr> <td>Clicking or popping jaw</td> <td>Pain around Ear</td> <td>Nervous Problems</td> </tr> <tr> <td>Dry mouth</td> <td>Periodontal treatment</td> <td>Pacemaker</td> </tr> <tr> <td>Foreign objects in teeth</td> <td>Sensitivity to cold</td> <td>Pregnant (Due _____)</td> </tr> <tr> <td>Grinding teeth</td> <td>Sensitivity to heat</td> <td>Nursing</td> </tr> <tr> <td>Swollen or tender gums</td> <td>Sensitivity to sweets</td> <td>Psychaitric Care</td> </tr> <tr> <td>Jaw pain or tiredness</td> <td>Sensitivity when biting</td> <td>Respiratory Disease</td> </tr> <tr> <td>AIDS</td> <td>Sores or growths</td> <td>Rheumatic Fever</td> </tr> <tr> <td>Artificial Heart Valves</td> <td>HIV positive</td> <td>Scarlet Fever</td> </tr> <tr> <td>Circulatory Problems</td> <td>Artificial Joints</td> <td>Shortness of Breath</td> </tr> <tr> <td>Asthma</td> <td>Fainting or dizziness</td> <td>Sinus Trouble</td> </tr> <tr> <td>Back Problems</td> <td>Congenial Heart Lesions</td> <td>Stroke</td> </tr> <tr> <td>Bleeding abnormally</td> <td>Diabetes</td> <td>Tuberculosis</td> </tr> <tr> <td>Blood Disease</td> <td>Emphysema</td> <td>Veneral Disease</td> </tr> <tr> <td>Cancer</td> <td>Wear Contacts</td> <td>Hepatitis (type _____)</td> </tr> <tr> <td>Chemotherapy</td> <td>Epilepsy</td> <td>Heart Murmur</td> </tr> <tr> <td>Headaches</td> <td>Glaucoma</td> <td>Heart Problems</td> </tr> </table>	Bad Breath	Lip or cheek biting	Herpes	Bleeding Gums	Loose teeth	High Blood Pressure	Blisters on lips or mouth	Broken fillings	Jaundice	Burning sensation on tongue	Mouth breathing	Jaw Pain	Chew on one side of mouth	Mouth pain, brushing	Low Blood Pressure	Smoking	Orthodontic treatment	Mitral Valve Prolapse	Clicking or popping jaw	Pain around Ear	Nervous Problems	Dry mouth	Periodontal treatment	Pacemaker	Foreign objects in teeth	Sensitivity to cold	Pregnant (Due _____)	Grinding teeth	Sensitivity to heat	Nursing	Swollen or tender gums	Sensitivity to sweets	Psychaitric Care	Jaw pain or tiredness	Sensitivity when biting	Respiratory Disease	AIDS	Sores or growths	Rheumatic Fever	Artificial Heart Valves	HIV positive	Scarlet Fever	Circulatory Problems	Artificial Joints	Shortness of Breath	Asthma	Fainting or dizziness	Sinus Trouble	Back Problems	Congenial Heart Lesions	Stroke	Bleeding abnormally	Diabetes	Tuberculosis	Blood Disease	Emphysema	Veneral Disease	Cancer	Wear Contacts	Hepatitis (type _____)	Chemotherapy	Epilepsy	Heart Murmur	Headaches	Glaucoma	Heart Problems
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