

★HOW DID YOU HEAR ABOUT US?

Thank you for visiting Academy Dental Associates. We want your visit to be pleasant and comfortable. Please help us by completing this form

MEDICAL ALERT FOR OFFICE USE:

ACCT#_

PATIENT INFORMATION		DATE	<u> </u>
NAME	FIRST	MIDDLE INITIAL	NICKNAME
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CITY		STATE	ZIP
EMPLOYER			,
BIRTHDATE		HEIGHT W	EIGHT
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BUSINESS		PARTICIPATION CONTRACTOR CONTRACTOR OF THE PARTICIPATION OF THE PARTICIP	DDRESS
EMERGENCY: NAME			
INSURANCE			
PRIMARY CARRIER COMPANY NAME			
ADDRESSSTREET		STATE	
STREET POLICY NUMBER	CITY	STATE	ZIP
SECONDARY CARRIER		TELEPHONE	
COMPANY NAME			
ADDRESSSTREET			
STREET POLICY NUMBER	4 A A A A A A A A A A A A A A A A A A A	STATE STATE	ZIP.
AUTHORIZATION			
hereby authorize payment directly to the am responsible for all costs and dental tre uch diagnostic and therapeutic procedunedical history are correct to the best of management.	atment. Thereby authorizesti Ires as may be necessarille	eDental Office to administer su	uch medications and perfor
OTHER INFORMATION			
POUSE NAME	<u> </u>		
POUSE NAMELAST	FIRST	MIDDLE INITIAL	
POUSE NAME	FIRST	MIDDLE INITIAL	APT.#
POUSE NAMELAST DDRESS	FIRST		· · · · · · · · · · · · · · · · · · ·
POUSE NAME	FIRST	MIDDLE INITIAL STATE DRIVER'S LICENSE	APT. #
POUSE NAME LAST DDRESS STREET	FIRST	STATE	· · · · · · · · · · · · · · · · · · ·

Do you have any questions or concerns we can help you with today? Do you love your smile? Is there anything you would like to change? Why did you leave your last dentist? What did you like least about your last dentist? What did you like least about your last dentist? MEDICAL HISTORY AND INFORMTION Do you have or ever had? Are you allergic to? Are you allergic to? Aspirin Barbiturate Cancer Codeine Dlabetés Penicillin Epilepsy Glaucoma Heart Murmur Heart Problem Heart Problem Heart Mormur Heart Problem Heigh Blood Pressure Hilly Positive Jaundice Kidney Problems Low Blood Pressure Rheumatic Fever Premale Patients: Are you pregnant?	
Is there anything you would like to change? Why did you leave your last dentist? What did you like most about your last dentist? What did you like least about your last dentist? MEDICAL HISTORY AND INFORMTION Do you have or ever had? Are you allergic to? Aspirin Asthma Barbifurate Cancer Cancer Diabetes Penicillin Penicillin Penicillin Are you currently under the care of a physician? Heart Problem Heart Problem Heart Problems High Blood Pressure HIV Positive Jaundice Kidney Problems Low Blood Pressure Female Patients: Are you pregnant? Rheumatic Fever	
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☐ Glaucoma ☐ Heart Murmur ☐ Heart Problem ☐ Hepatitis ☐ High Blood Pressure ☐ HIV Positive ☐ Jaundice ☐ Kidney Problems ☐ Low Blood Pressure ☐ Rheumatic Fever ☐ YES ☐ No Are you currently under the care of a physician? ☐ YES ☐ No Please explain ☐ Pemale Patients: Are you pregnant? ☐ YES ☐ No	
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☐ Jaundice ☐ Kidney Problems ☐ Low Blood Pressure ☐ Rheumatic Fever ☐ Patients: Are you pregnant? ☐ Rheumatic Fever ☐ YES ☐ No	
 □ Kidney Problems □ Low Blood Pressure □ Rheumatic Fever Female Patients: Are you pregnant? □ YES □ No 	
□ Low Blood Pressure Female Patients: Are you pregnant? □ Rheumatic Fever □ YES □ No	
Rheumatic Fever PYES No	
☐ Sexually Transmitted Diseases	
☐ Stroke If yes, due date	
☐ Tuberculosis	
Offiner	•
I authorize and give consent to perform dental services agreed between doctor and patient and/or paragradian to be necessary or advisable including the use of local anesthesia and other medication as indicated in the control of the above statements regarding my medical condition. Payment for all treatment and services rendered are my responsibility.	ent or cated.
Patient's Signature Date	
lf patient is child or requires a guardian:	
Parent or Guardian's Signature Date	