## WELCOME TO OUR OFFICE

Name: Mr./Mrs./Ms./	Dr	(CR/EN NAME)	- Carlo	AMINAME	
Address.		(GIVEN NAME)	(FA	IMILY NAME)	
(NUMBER)	(STREET)			(APT.)	
(CITY)			(POSTAL	CODE	
Telephone: Home		Busine	11865-01110-0100	CODE	Ext.
Date of Birth /	1	Present Age	-	Sex: M	F
D	M Y				ircle)
Referred By					
Employer			Email:		
Are you covered by D	Dental Insurance	? No Yes Insu	rance Co.?		
	Group #	E	mployee ID #	#	
Your Physician: Name	e:	T	elephone		
		y be reimbursed by your in			
	arrangements abu with the best	possible dental hea	hen services are re	endered.	ne followin
	arrangements abu with the best	possible dental hea	hen services are re	endered. nust know th	ne followin
nformation, all of wh	ou with the best ich will be kept	possible dental hear confidential:	hen services are re th care we m	endered. nust know th	
nformation, all of wh	arrangements and with the best ich will be kept unusual reaction	possible dental hear confidential:	hen services are re th care we m	endered. nust know tl	rcle)
In Order to provide your formation, all of what in the second of the sec	arrangements a ou with the best ich will be kept i unusual reaction ating you now? nedicines?	possible dental hear confidential:	hen services are re th care we m	nust know the	rcle) Yes
nformation, all of what. Have you ever had an 2. Is your physician treats. Are you taking any man 4. Do you have any alle	arrangements and with the best ich will be kept in unusual reaction ating you now? nedicines?	possible dental hear confidential:  n to any drug or anest	then services are related to the care we make the care we make the care?	nust know the No	Yes Yes
nformation, all of what it. Have you ever had an it. Is your physician treats. Are you taking any many alle it. Do you have any alle it. Have you ever had present the information.	arrangements a ou with the best ich will be kept in unusual reaction ating you now? medicines? regies? rolonged bleeding	possible dental hear confidential:  n to any drug or anest	then services are related to the care we make the care we make the care?	nust know the No No No No	Yes Yes Yes Yes Yes
nformation, all of what it. Have you ever had an injury or dental su	arrangements and the best ich will be kept in unusual reaction ating you now? nedicines? rgies? rolonged bleeding rgery?	possible dental hear confidential:  n to any drug or anest	then services are related to the care we make the care we make the care?	nust know the No No No No No	Yes Yes Yes Yes Yes Yes Yes
nformation, all of what the second se	arrangements a ou with the best ich will be kept in unusual reaction ating you now? nedicines? regies? rolonged bleeding regery? c pacemaker or a	possible dental hear confidential:  n to any drug or anest gor delayed healing for the trifficial heart valve?	then services are related to the care we make the care we make the care?	nust know the No No No No	Yes Yes Yes Yes Yes
nformation, all of what is. Have you ever had an indext. Is your physician treats. Are you taking any man indext. Have you ever had properly an indext of the control of th	arrangements and with the best ich will be kept in unusual reaction ating you now? nedicines? relicinged bleeding regery? It pacemaker or a continuous in the continuous interest interest in the continuous interest interest in the continuous interest inter	possible dental hear confidential:  n to any drug or anest or delayed healing for tificial heart valve?  Please Circle)	the services are related to the care we make the care we	nust know the No No No No No	Yes Yes Yes Yes Yes Yes Yes
nformation, all of what the second se	arrangements and with the best ich will be kept in unusual reaction ating you now? nedicines? redicines? rolonged bleeding regery? It pacemaker or a limit of the pacemaker of	possible dental hear confidential:  n to any drug or anest gor delayed healing for the trifficial heart valve?	the services are related to the care we make the care we	nust know the No No No No No No	Yes Yes Yes Yes Yes Yes Yes
nformation, all of what is. Have you ever had an injury or dental sure. Have you have any alle is. Do you have a cardia is. Do you have a cardia is. Have you ever had: Rheumatic Fever High Blood Pressure	arrangements and with the best ich will be kept in unusual reaction ating you now? nedicines? regies? rolonged bleeding regery? copacemaker or a little Heart Problem Hepatitis	possible dental hear confidential:  n to any drug or anest or delayed healing for tificial heart valve?  Please Circle)	the services are related to the care we many thetic?  Collowing  AIDS  Kidney	nust know the No	Yes Yes Yes Yes Yes Yes Yes
nformation, all of what is. Have you ever had an injury or dental sure. Have you have a cardia is. Do you have a cardia is. Do you have a cardia is. Have you ever had: Rheumatic Fever High Blood Pressure Liver Problem	arrangements abut with the best ich will be kept in unusual reaction ating you now? nedicines? relicines? rolonged bleeding regery? c pacemaker or a (I Heart Problem Hepatitis Asthma	possible dental hear confidential:  n to any drug or anest rtificial heart valve?  Please Circle)  m or Murmur	the services are related to the care we many thetic?  Collowing  AIDS  Kidney  Diabet	No N	Yes Yes Yes Yes Yes Yes Yes
Information, all of what information, all of what in the second s	arrangements and with the best ich will be kept in unusual reaction ating you now? nedicines? regies? rolonged bleeding regery? copacemaker or a little Heart Problem Hepatitis	possible dental hear confidential:  n to any drug or anest rtificial heart valve?  Please Circle)  m or Murmur	the services are related to the care we many thetic?  Collowing  AIDS  Kidney  Diabet	nust know the No	Yes Yes Yes Yes Yes Yes Yes
Information, all of what is the second of th	arrangements are but with the best ich will be kept in unusual reaction ating you now? nedicines? regies? rolonged bleeding regery? It pacemaker or a limit of the patitis	possible dental hear confidential:  In to any drug or anest or delayed healing for trificial heart valve?  Please Circle)  In or Murmur	the services are related to the care we many thetic?  Collowing  AIDS  Kidney  Diabet	No N	Yes Yes Yes Yes Yes Yes Yes

This is to certify that I, undersigned, consent to the performing of the dental and oral surgery 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.

atient's (Parent's	
atient's (Parent's	