

PATIENT INFORMATION

PATIENT'S NAME Last First Middle Initial SEX: M F BIRTHDATE AGE Soc. Sec. # If Patient is a Minor, give Parent's or Guardian's Name TODAY'S DATE Who May We Thank for Referring You to our Office? Reason for this Visit

RESPONSIBLE PARTY INFORMATION

NAME Last First Middle Initial MARITAL STATUS RESIDENCE Street Apt. # City State Zip MAILING ADDRESS Street Apt. # City State Zip HOW LONG AT THIS ADDRESS HOME PHONE CELL PHONE WORK PHONE E-MAIL PREVIOUS ADDRESS (if less than 3 yrs.) Street City State Zip How Long SOCIAL SECURITY # BIRTHDATE DRIVER'S LICENSE # RELATION TO PATIENT EMPLOYER OCCUPATION NO. YEARS EMPLOYED

RESPONSIBLE PARTY'S SPOUSE

NAME LAST FIRST MIDDLE EMPLOYER OCCUPATION () NO. YEARS EMPLOYED SOC. SEC. # BIRTHDATE HOME PH. CELL PH. WORK PH. E-MAIL

EMERGENCY INFORMATION: RELATIVE NOT LIVING WITH YOU.

NAME RELATIONSHIP ADDRESS CITY, STATE HOME PH. CELL PH. WORK PH.

DENTAL INSURANCE INFORMATION (Primary Carrier)

Insured's Name Insurance Co. E-MAIL Insurance Co. Address Insured's Employer Insured's Soc. Sec. # Group # Local #

If you have double dental insurance coverage, complete this for the second coverage.

Insured's Name Insurance Co. E-MAIL Insurance Co. Address Insured's Employer Insured's Soc. Sec. # Group # Local #

It is important that I know about your Medical and Dental History. These facts have a direct bearing on your Dental Health. This information is strictly confidential and will not be released to anyone. Thank you for taking the time to completely fill out this questionnaire.

Table with columns for *DENTAL HISTORY* and *MEDICAL HISTORY*. Includes questions like 'HOW LONG SINCE you have seen a dentist?', 'Do you have any CURRENT HEALTH PROBLEMS?', and 'ARE YOU ALLERGIC TO OR HAVE YOU REACTED ADVERSELY TO ANY OF THE FOLLOWING MEDICATIONS?'

COMPLETED TREATMENT

A B C D E					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	F G H I J				
T S R Q P					RIGHT								LEFT												
					32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	O N M L K				

INITIAL PERIODONTAL EXAM:

GINGIVAL INFLAMMATION: Slight Moderate Severe
 SOFT PLAQUE BUILDUP: Slight Moderate Heavy
 HARD CALCULUS BUILDUP: Light Moderate Heavy
 STAINS: Light Moderate Heavy
 HOME CARE EFFECTIVENESS: Good Fair Poor
 PERIODONTAL CONDITION: Good Fair Poor
 PERIODONTAL DIAGNOSIS: Normal Gingivitis Advanced
 PERIODONTITIS: Early Moderate Advanced
 MUCOGINGIVAL DEFECTS #s: _____

INITIAL X-RAY FINDINGS:

X-RAYS TAKEN: FM-PAS BWX PANO. OTHER _____
 NO BONE LOSS
 SLIGHT BONE LOSS (04600)
 MODERATE BONE LOSS (04700)
 MAJOR BONE LOSS (04800)
 BEGINNING FURCATION (04700)
 ADVANCED FURCATION (04800)
 OTHER: _____

	UR	UL	LR	LL

CLINICAL DATA:

OCCLUSION: Class I Class II Class III Crossbite: _____
 T.M.J. EXAM: Normal Popping Deviation Tooth Wear Pain

INITIAL SOFT TISSUE EXAM:

Lips Floor of Mouth Palate Tongue Neck & Nodes

PATIENT'S TREATMENT DECISIONS:

DOCUMENTATION OF DENTAL RECORD COMPLETED
 PATIENT INFORMED OF TX. RECOMMENDATIONS AND CONSENTS TO TX. (ALTERNATIVES DISCUSSED.)
 PATIENT WANTS NO TX. OR PARTIAL TX. INFORMED OF CONSEQUENCES AND RISKS INVOLVED.

SHADE

Teeth	Upper	Lower
Cents		
Lats		
Cusp		
Posts		

PERIODONTAL SCREENING & RECORDING

SEXTANT SCORE	MONTH	DAY	YEAR

EXISTING PROSTHESIS:

MAX: _____ DATE PLACED: _____ CONDITION: _____
 MAND: _____ DATE PLACED: _____ CONDITION: _____

REFERRALS:

PERIO: _____ ORTHO: _____ ENDO: _____
 ORAL SURG: _____ MD: _____ OTHER: _____

NOTES

CONSENT

The undersigned hereby authorizes the Doctor to take X-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I understand that my dental insurance is a contract between me and the insurance carrier, and not between the insurance carrier and the Doctor and that I am still fully responsible for all dental fees. These fees are due and payable at the time services are rendered unless prior financial arrangements have been made.