



# Medical History:

What medications are you taking? Please list: \_\_\_\_\_

Pharmacy \_\_\_\_\_

**Do you require pre-medication (antibiotics) before dental appointment?**  Yes  No  Don't Know

If yes, please explain: \_\_\_\_\_

Doctor who did the surgery: \_\_\_\_\_ Antibiotics prescribed: \_\_\_\_\_

Do you take blood thinners?  Yes  No If yes, please list: \_\_\_\_\_

**Do you have or have you had any of the following diseases, medical conditions or procedures?**

- |                        |                              |                            |                               |                          |
|------------------------|------------------------------|----------------------------|-------------------------------|--------------------------|
| YN Heart Attack/Stroke | YN Thyroid Problems          | YN Cancer/Chemotherapy     | YN Heart Surgery              | YN Kidney Problems       |
| YN Heart Murmur        | YN Liver Problems            | YN Hepatitis               | YN Rheumatic Fever            | YN Respiratory Problems  |
| YN HIV+/AIDS/ARC       | YN Asthma                    | YN Mitral Valve Prolapse   | YN Sinus Problems             | YN Difficulty Breathing  |
| YN Artificial Valves   | YN Artificial Bones/Joints   | YN Diabetes/Hypoglycemia   | YN Heart Disease              | YN Psychiatric Problems  |
| YN Emphysema           | YN Leukemia                  | YN Congenital Heart Defect | YN Fainting/Seizures/Epilepsy | YN Anemia                |
| YN Tuberculosis TB     | YN Severe/Frequent Headaches | YN Bleeding Problems       | YN High/Low Blood Pressure    | YN Jaw Problems(TMJ/TMD) |
| YN Pacemaker           |                              | YN Dementia/Alzheimers     | YN Neck Surgery               |                          |

**Have you ever taken: Bisphosphonates (ex. Aredia/Fosamax)**  Yes  No Phen-fen/Redux  Yes  No

Please list any other medical conditions you have or ever had: \_\_\_\_\_

**Are you allergic to any of the following?**  Latex  Penicillin/Amoxicillin  Tetracycline  Aspirin  Codeine  
 Dental Anesthetics  Foods: \_\_\_\_\_  Others: \_\_\_\_\_

Do you use tobacco?  Yes  No

**FOR WOMEN:** Are you taking Birth Control pills?  Yes  No

Are you Pregnant?  Yes/Weeks? \_\_\_\_\_  No Are you nursing?  Yes  No

# Financial and Scheduling Policy:

1. Patients who have Dental Insurance will be required to pay their DEDUCTIBLE and ESTIMATED PORTION at the time services are rendered. You will also be responsible for any balance remaining after the insurance company has paid the claim. Insurance checks and Explanation of Benefits (EOBs) mailed to patients must be brought to the office. If checks are not brought to the office, the balance will be patients responsibility.
2. Patients who do not have dental insurance will be required to pay the entire fee at each visit.
3. A 5% Professional Discount on treatment over \$1500.00 paid with **cash** or **check** will be given when **paid in full** on the day the appointment is **scheduled**.
4. If we do not receive payment from your Insurance Company within 30 days, payment becomes your responsibility. Not all services are covered benefit in all contracts. You are responsible for the charges that insurance does not pay. In the event that the account is not paid in full after 30 days and we refer the account to collection, you will be responsible for all fees incurred for the collection of your bill (i.e. attorney fees, court costs and a collection/legal fee).
5. We accept Visa, MasterCard, Discover and American Express.
6. We have made arrangements with "Care Credit" to provide extended Payment Plans with zero interest rates. Applications are available from our front office staff and a quick approval can be made.
7. Your appointment time is reserved just for you. WE RESERVE THE RIGHT TO CHARGE \$50.00 for all broken appointments or cancellations without giving us 24 hour advance notice prior to your schedule appointment.

I HAVE READ THE ABOVE POLICIES AND AGREE TO ABIDE BY THEM.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_