Welcome



	Today's Date:/ File #:
100	Teen's Name:
4004	Teen's Nickname: Boy Girl
	Teen's Birthdate:/ Age:
	School: Grade:
)	Teen's Home Phone #:()
_	Teen's SS#:
	Teen's Address:
	HOME ADDRESS
	CITY STATE ZIP
itus	Referred By:(If doctor, please give address & phone number.)
)	
-	
	Insurance Information
	Primary Dental Insurance
	Co. Name:
)	Address:
	CITY STATE ZIP
)	Phone #:
)	Insured's ID#:
)	Group # (Plan, Local, or Policy #):
	Insured's Name:
	Relation:Date of Birth://
-	Insured's Employer:
	Does either policy cover Orthodontics? ☐ Yes ☐ No Secondary Dental Insurance
)	Co. Name:
-	Address:
	71001000.
	CITY STATE ZIP
,	Phone #:
)	Insured's ID#:
-	Group # (Plan, Local, or Policy #):
)	Insured's Name:
1	Relation:Date of Birth://
	Insured's Employer:

About Your Teen

SHELVING BUILDING STORY	NAME OF TAXABLE PARTY.	amily Info		ACION	
Who is accompany	ing this	teen today?	,		
FULL NAME (IF OTHER TH	IAN PAREN	T)	RELA	TION TO TEEN	
Do you have Legal					
How many Brother	s/Sister	s?A	ge(s):		
Mother's Name: _					
			□ STE	P MOTHER	GUARDIA
CHECK IF SAME AS T	EEN'S) HO	OME ADDRESS	CITY	STATE	Z
HOME PHONE #		_ ()	<u></u>		
HOME PHONE #		WORK PHO	NE#		EXT.
MOTHER'S SOCIAL SECU	IRITY#	DATE OF BIRT	H N	OTHER'S DRIV	/FRS LIC
Employer:					
_mployer				How Long	
EMPLOYER'S ADDRESS			CITY	STATE	Z
Father's Name: _					
			□ ST	EP FATHER	GUARDI
CHECK IF SAME AS T	EEN'S) HO	OME ADDRESS	CITY	STATE	Ž
		()			
)					FVF
HOME PHONE #		WORK PHO	NE#		EXI.
		1/27			
FATHER'S SOCIAL SECU	RITY#	// DATE OF BIRT	н ғ	ATHER'S DRIV	ERS LIC. #
	RITY#	// DATE OF BIRT	н ғ	ATHER'S DRIV	ERS LIC. #
FATHER'S SOCIAL SECU	RITY#	// DATE OF BIRT	H F	ATHER'S DRIV	ERS LIC. #
FATHER'S SOCIAL SECU Employer:	RITY#	// DATE OF BIRT	H F	ATHER'S DRIV	ERS LIC. #
FATHER'S SOCIAL SECU Employer:	RITY#	// DATE OF BIRT	H F	ATHER'S DRIV	ERS LIC. #
EMPLOYER'S ADDRESS	RITY#	// DATE OF BIRT	CITY	How Long	ERS LIC. #
Employer:	Accou	DATE OF BIRT	city	How Long	ERS LIC. #
Employer: EMPLOYER'S ADDRESS Person ultimately recognitions	Accou	DATE OF BIRT	city	How Long	ERS LIC. #
Employer:	Accou	DATE OF BIRT	city	How Long	ERS LIC. #
Employer: EMPLOYER'S ADDRESS Person ultimately recognitions	Accou	DATE OF BIRT	city	How Long STATE	ERS LIC. #
EMPLOYER'S ADDRESS Person ultimately rown Name: Billing Address:	Accou	DATE OF BIRT	city matic	How Long STATE	PRS LIC. #
Employer: EMPLOYER'S ADDRESS Person ultimately rows	Accou	DATE OF BIRT	city matic	How Long STATE	ERS LIC. #
EMPLOYER'S ADDRESS Person ultimately rowards Billing Address:	Accou	DATE OF BIRT	CITY matic	How Long STATE	PRS LIC. #
EMPLOYER'S ADDRESS Person ultimately rown Name: Billing Address:	Accou	DATE OF BIRT	nationt	STATE ON RELATION TO	PRS LIC. #
EMPLOYER'S ADDRESS Person ultimately rowner: Billing Address: CITY SOCIAL SECURITY # (Accourage sponsi	DATE OF BIRT	nationt	STATE ON RELATION TO	PRS LIC. #
EMPLOYER'S ADDRESS Person ultimately rown Name: Billing Address: CITY SOCIAL SECURITY #	Accourage sponsi	DATE OF BIRT	nationt	STATE ON RELATION TO	PRS LIC. #
EMPLOYER'S ADDRESS Person ultimately rowner: Billing Address: CITY SOCIAL SECURITY # (Accovesponsi	DATE OF BIRT	nationt	STATE ON RELATION TO	PRS LIC. #

Reason for today's visit: Exam Emergency Consultation Is Teen in pain? No Ves How Long? Please indicate of any of the following problems: Discomfort, clicking or popping in jaw. Loss/Broken Filling(s) Stained teeth Red, swollen or bleeding gums. Teeth grinding Locking Jaw Red, swollen or bleeding gums. Ringing in Ears Bald breath Red, swollen or bleeding gums. Ringing in Ears Bald breath Broken/Chipped tooth Loose tooth Orther(s): Does teen require pre-medication? Yes No Don't know Previous Dentist: Last Dental exam: / Last Dental X-rays: / / Times a day feen brushes? Times a week teen flossess? Is the teen's water fluoridated? Yes No How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile? Beat 1 2 3 4 5 6 7 8 9 10 went How would you rate the teen's smile you would you would you would you would you would you would you you would you you would you you would you			
Is Teen in pain? No Yes How Long? Please indicate of any of the following problems: Discombot, clicking or popping in jaw. Lost/Broken Filling(s) Stained teeth Discombot, clicking or popping in jaw. Lost/Broken Filling(s) Locking Jaw Lost/Broken Filling(s) Locking Jaw Locking Jaw Red, swollen or bleeding gums. Red, swollen or swollen gums. Red, swollen gums. R		Teen's Dental Information	
Is Teen in pain? No Yes How Long? Please indicate of any of the following problems: Discombot, clicking or popping in jaw. Lost/Broken Filling(s) Stained teeth Discombot, clicking or popping in jaw. Lost/Broken Filling(s) Locking Jaw Lost/Broken Filling(s) Locking Jaw Locking Jaw Red, swollen or bleeding gums. Red, swollen or swollen gums. Red, swollen gums. R			on
Does teen require pre-medication?		Please indicate any of the following problems: □ Discomfort, clicking or popping in jaw. □ Lost/Broken Filling(s) □ Red, swollen or bleeding gums. □ Teeth grinding □ Sensitive tooth, teeth or gums. □ Ringing in Ears □ Blisters/Sores in or around the mouth. □ Broken/Chipped tooth	□ Locking Jaw□ Bad breath
Last Dental exam:/ Last Dental X-rays:/ Times a day teen brushes? Times a week teen flosses? Is the teen's water fluoridated? Yes No How would you rate the teen's smille? Beast 1 2 3 4 5 6 7 8 9 10 worst		Does teen require pre-medication? ☐ Yes ☐ No ☐ Don't know	
Times a day teen brushes? Times a week teen flosses? Is the teen's water fluoridated?		The state of the s	
Is the teen's water fluoridated? Yes No How would you rate the teen's smile? Best 1 2 3 4 5 6 7 8 9 10 worst		Last Dental exam:/ Last Dental X-rays:/	/
STeen taking any of the following medications? Pain killers (NCLUDING ASPIREN) Pittalin Stimulants Discord Trianquilizers Insulin Muscle relaxers Others: PHONE#		Is the teen's water fluoridated? ☐ Yes ☐ No	
STeen taking any of the following medications? Pain killers (NCLUDING ASPIRIN) Pittalin Stimulants Discord Trianquilizers Insulin Muscle relaxers Others: PHONE#	5	Teen's Medical History	
Blood Thinners □ Tranquilizers □ Insulin □ Muscle relaxers □ Others: DOCTOR'S NAME OR CLINIC NAME Last Medical Exam: / / New Heart Murrur Ne Heart Murrur Ne Heart Murrur Ne Heart Valves No Congenital Heart defect No Scarlet Fever No Scarlet Fever No Scarlet Fever No Congenital Heart defect No Scarlet Fever No Hight/Low Blood Transfusion(s) Yo N Hight/Low Blood Pressure Yo N Eight B	Teen taking any of the follow	AND A SECOND CONTROL OF THE PARTY OF THE PAR	
DORESS CITY STATE ZIP Last Medical Exam:// Nest Teen have or ever had any of the following diseases, medical conditions or procedures? Y N Tonsillities N Artificial Heart Valves N Artificial Heart Valves N Congenital Heart defect Y N Biodo Transfusion(s) Y N Asthmac/Difficulty Breathing Y N N Early Fever N Scarlet Fever Y N Leukemia/Anemia Y N Hemophilla/Ahomia Y N Hemophilla/Ahomia Y N Hemophilla/Ahomia Y N Heyer/Kidney/Organ Problems Y N Heyer/Kidney/Organ Problems Y N Heyer/Kidney/Organ Problems Y N Heyer/Kidney/Organ Problems Y N Hyper Active/ADD Y N Scarlet Fever Y N Leukemia/Anemia Y N Hyper Active/ADD Y N Sarly Fever N Cancer/Tumors Y N Hemophilla/Ahomal Bleeding N N Hearing Problems Y N High/Low Blood Pressure Y N Hyper Active/ADD Y N Fairthing/Seizures/Epilepsy Y N Heyer Active/ADD Y N Fairthing/Seizures/Epilepsy Y N Gerebral Palsy Please list any other medical condition(s) teen has or ever had: See Teen allergic to: □ Latex □ Penicillin/Amoxicillin □ Tetracycline □ Dental Anesthetics (Novocaine) Destar the teen's general health from 1-10: □ Does teen wear contact lenses? □ Yes □ No Asspirin □ Food allergies □ Other(s): Please rate the teen's general health from 1-10: □ Does teen wear contact lenses? □ Yes □ No Asspirin □ Food allergies □ Other(s): Please rate the teen's general health from 1-10: □ Does teen wear contact lenses? □ Yes □ No Asspirin □ Food allergies □ Other(s): Please rate the teen's general health from 1-10: □ Does teen wear contact lenses? □ Yes □ No Asspirin □ Food allergies □ Other(s): Please rate the teen's general health from 1-10: □ Does teen wear contact lenses? □ Yes □ No Asspirin □ Food allergies □ Other(s): Please rate the teen's general health from 1-10: □ Does teen wear contact lenses? □ Yes □ No Asspirin □ Food allergies □ Other(s): Please rate the teen's general health from 1-10: □ Does teen wear contact lenses? □ Indies □ Does teen wear contact lenses? □ Indies □ Does I			
DDRESS CITY STATE ZIP Does Teen have or ever had any of the following diseases, medical conditions or procedures? IN Heart Murnur IN Rheumatic fever IN Respiratory Problems IN Artificial Heart Valves IN Congenital Heart defect IN Scarlet Fever IN Leukemia/Anemia IN Surgeries/Operations IN Concor/ITUmors IN Hemophilia/Anbormal Bleeding IN Hearing Problems IN Surgeries/Operations IN Surgeries/Operations IN Surgeries/Operations IN Surgeries/Operations IN Surgeries/Operations IN Concer/ITUmors IN Velent Lipty-Date IN Hemophilia/Anbormal Bleeding IN Hearing Problems IN Hemophilia/Anbormal Bleeding IN Hearing Problems IN Surgeries/Operations IN Surgeries/Operations IN Surgeries/Operations IN Concertifumors IN Hemophilia/Anbormal Bleeding IN Hearing Problems IN Hemophilia/Anbormal Bleeding IN Hearing Problems IN Hemophilia/Anbormal Bleeding IN Hearing Problems IN Hemophilia/Anbormal Bleeding IN Hemotherapy IN Hight/Low Blood Pressure IN Hilly-/AIDS/ARC IN HIV-/AIDS/ARC IN Hilly-/AIDS/ARC IN HIV-/AIDS/ARC IN Hilly-/AIDS/ARC IN Hil	een's Physician:		
DDRESS DOES Teen have or ever had any of the following diseases, medical conditions or procedures? N Heart Murrur N Rheumatic fever N Artificial Heart Valves N Congenital Heart defect N N Espiratory Problems N Congenital Heart defect N N Espiratory Problems N Congenital Heart defect N N Leukemia/Anemia Y N Leukemia/Anemia Y N Leukemia/Anemia Y N Hemophilia/Anoma Bleeding N Sareler Ever N Leukemia/Anemia Y N Hemophilia/Anoma Bleeding N Lemophilia/Anoma Bleeding N Lemophilia/Anoma Bleeding N Hearing Problems Y N Hemophilia/Anoma Bleeding N Hearing Problems Y N Hemophilia/Chor Blood Pressure Y N Birth Defects Y N Circ Lip/Palate Y N Elect Lip/Palate Y N Elect Lip/Palate Y N Elect Lip/Palate Y N Cerebral Palsy Y N Chieft Lip/Palate Y N Elect	DOCTOR'S NAM	A SALVAGO VINANCE CANCELLO NO	
Aspirin Food allergies Other(s): Please rate the teen's general health from 1-10: Does teen wear contact lenses? Oyes No Has this teen ever taken the drug Ritalin? No Yes/How long? Teen's Blood type: Does this teen do any of the following? Thumb/Finger Sucking Tongue Thrusting/Sucking We invite you to discuss with us any questions regarding our services. The best Dental health services are based on a friendly, mutual understanding between provider and patient. Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account. I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider to release any information required to process insurance claims. I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.	N Congenital Heart defect N Scarlet Fever N Surgeries/Operations N Cancer/Tumors N Chemotherapy N Jaw Problems TMJ/TMD N Hearing Problems	Y N Blood Transfusion(s) Y N Liver/Kidney/Organ Problems Y N Leukemia/Anemia Y N HIV+/AIDS/ARC Y N Diabetes/Hypoglycemia Y N Hemophilia/Abnormal Bleeding Y N High/Low Blood Pressure Y N Cleft Lip/Palate Y N Fainting/Seizures/Epilepsy Y N Cerebral Palsy	
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provider to release any information required to process insurance claims. I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided. Signature	 Our policy requires payment in made with the business mana arrangements have been made any other expenses incurred in 	full for all services rendered at the time of visit, unless other arrangements have been ger. If account is not paid within 90 days of the date of service and no financial, you will be responsible for legal fees, collection agency fees, interest charges and collecting your account.	Comments / /
Signature Date / /	provider to release any information in a landerstand the above information in a lander information in a lander in	tion required to process insurance claims. ation and guarantee this form was completed correctly to the best of my knowledge	Comments / /
	and understand it is my respon-	- 15 C	Initials Date