COWETA DENTISTRY ASSOCIATES

PATIENT INFORMATION							
Patient Name	First	Middle		Last			
Birthday			Marita	l Status			
Address: Are you a full time student? Where?							
City	State	Zip Code	Count	/			
Home Phone:	Woi	rk:	Cell:				
Who can we thank for referring you to our practice?							
In case of emergency, who should be notified? Name							
Phone # (s)		Relationship to patient	t				
		PRIMARY INSURA	NCE				
Responsible Party Name:	First 3	Middle	Last	Name Called			
Birthday: Soc. Sec. #							
Home Phone:		Work:	Cell:	·			
Address (mailing and street i	f different):	·					
City	State	Zip Code	County				
Relationship to Patient:							
Insured's Subscriber name a	nd the address if diffe	erent:					
Insurance Company:							
Group Number:	· · · · · · · · · · · · · · · · · · ·	Member ID#	Phone:				
Address:			-				
SECOND INSURANCE							
Is patient covered by additional insurance? □Yes □No							
Subscriber name Relationship to Patient							
Birthday: Phone: SSN:							
Address (mailing and street i	f different):						
City	State	Zip Code	C	ounty			
Insurance Company:	3						
Group Number:		_Member ID#	Phone:	·			
Address:							
Employer:	Phone:						
ADDITIONAL INFORMATION							
List Family Members that are currently in our practice:							
·							
				· · · · · · · · · · · · · · · · · · ·			

Reason for Today's Visit	DENTAL HISTORY								
Former Dentilist	Reason for Today's Visit								
Date of last X-rays MEDICAL HISTORY Physician's Name	N Contraction of the second								
MEDICAL HISTORY Physician's Name									
Physician's Name									
Have you had any serious illnesses or operations? //, yes, describe	Physician's Name								
Have you ever had a blood transfusion? □Yes □No If yes, give approximate dates									
(Women)Are you pregnant? IVes INursing? IVes INo Taking birth control pills? IVes INO Check (~) if you have or have had any of the following:									
Check (•) if you have or have had any of the following: ADS Check (•) if you have or have had any of the following: ALDS Cough up Bood Cough Persistent HIV Positive Stores Starte Fever Acid Refux Cough up Bood Jaw Pain Skinkes Store Store Store Anders Ander Anemia Cough up Bood Jaw Pain Skinkes Store Store Store Anders Ander Ander Anemia Diabetes Store S									
□ AIDS □ Cortisone Treatments □ High Blood Pressure □ Scarlet Fever □ Acternia □ Cough, Persistent □ HiV Positive □ Stortness of Breath □ Artificial Acternia □ Cough, Persistent □ HiV Positive □ Stortness of Breath □ Artificial Valves □ Epilepsy □ Liver Disease □ Storke □ Artificial Joints □ Fainting □ Mitral Valve Prolapse □ Trynoid Problems □ Astima □ Glaucoma □ Nervous Problems □ Tobacco Habit □ Back Problems □ Heart Problems □ Ostimus □ Tonsilitis □ Biod Disease □ Heart Problems □ Paychiatric Care □ Ulcer □ Chemoterapy □ Heart Problems □ Paychiatric Care □ Ulcer □ Chemoterapy □ Henophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Prob	(women) Are you pregnant	? LIYES LINO NURSING? LIY	es LINo Taking birth control pill	ls? □Yes □No					
□ Acid Refigu: □ Cough, Persistent □ High Dioon results □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Diabetes □ Stortness of Breath □ Anthritis, Rheumatism □ Giaucoma □ Nervous Problems □ Thyroid Problems □ Astima □ Glacorne □ Heat Nurmur □ Pacemaker □ Tuberculosis □ Cancer □ Heat Nurmur □ Pacemaker □ Ulcer □ Circulatory Problems □ Rediation Treatment □ Venereal Disease □ Circulatory Problems □ Heapatitis □ Radiation Treatment □ Vene									
□ Anemia □ Cough up Blood □ Jaw Pain □ Skin Rash □ Arthfical Heart Valves □ Epilopsy □ Liver Disease □ Stroke □ Arthfical Heart Valves □ Epilopsy □ Liver Disease □ Stroke □ Arthfical Heart Valves □ Epilopsy □ Liver Disease □ Stroke □ Arthfical Heart Valves □ Epilopsy □ Liver Disease □ Stroke □ Asthma □ Glaucoma □ Nervous Problems □ Tobacco Habit □ Back Problems □ Heart Aurmur □ Pacemaker □ Tuberculosis □ Chemical Dependency Describe □ Radiation Treatment □ Venereal Disease □ Chemical Dependency Describe □ Radiation Treatment □ Venereal Disease □ Chemical Dependency Describe □ Radiation Treatment □ Venereal Disease □ Chemical Dependency Describe □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Stroke □ Other □ Circulatory Problems □ Hep									
□ Arthritis, Rheumatism □ Diabetes □ Kidney Disease □ Stroke □ Artificial Heart Valves □ Epilepsy □ Liver Disease □ Stroke □ Artificial Joints □ Fainting □ Mitral Valve Prolapse □ Thyroid Problems □ Back Problems □ Beacdaches □ Osteoco Habit □ Back Problems □ Heart Problems □ Describe □ Radiation Treatment □ Uteer □ Chemical Dependency □ Describe □ Radiation Treatment □ Venoreal Disease □ Uteer □ Chemotherapy □ Hemophilia □ Respiratory Disease □ Other □ □ Circulatory Problems □ Heage Spirin), Cortisones, Insulin, Blood Pressure or Heart medications1 Please help us to help you. If you have any question as to whether or not to list a medication, please ask. MEDICATIONS Are you on any medication for osteoporosis, such as Boniva or Fosamax? □ Yes □ No If so, please list □ □ List medication you are currently taking: □ □ □ Other □ □ Aspirin □ Local Anesthetic □ Penicillin □ Other □ □ □ Aspirin □ Local Anesthetic □ Penicillin □ Other □ □ □ □ Aspirin □ Lo		-	HIV Positive	Shortness of Breath					
□ Artificial Heart Valves □ Epilepsy □ Liver Disease □ Swelling of Feet or Ankles □ Artificial Joints □ Fainling □ Mitral Valve Prolapse □ Tryroid Problems □ Asthma □ Glaucoma □ Nervous Problems □ Tobacco Habit □ Back Problems □ Headaches □ Osteoporosis □ Tonsillits □ Back Problems □ Heart Murmur □ Pacemaker □ Tuberculosis □ Cancer □ Heart Problems □ Psychiatric Care □ Ulcer □ Chemical Dependency Describe □ Radiation Treatment ∪ Veneral Disease □ Chemical Dependency Describe □ Reumatic Fever □ □ Circulatory Problems □ Heapatitis □ Reumatic Fever □ □ tit is EXTREMELY IMPORTANT for us to know if you are taking Dilantin, Trangulizers, Vlagra, Phenobarbital, Blood Thinners (including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications] Please help us to help you. if you have any question as to whether or not to list a medication, please ask. MEDICATIONS Are you on any medication for osteoporosis, such as Boniva or Fosamax? □Yes □No If so, please list □ □ List medication you are currently taking: □ □ □ □ Codeine □ Latex □ Sulfa □	I IVE LANCE TOTALISTICS IN	Cough up Blood	Jaw Pain	Skin Rash					
□ Artificial Joints □ Fainting □ Mitral Valve Prolapse □ Mitral Valve Prolapse □ Asthma □ Glaucoma □ Mitral Valve Prolapse □ Thyroid Problems □ Back Problems □ Headaches □ Osteoporosis □ Thyroid Problems □ Back Problems □ Headaches □ Osteoporosis □ Thyroid Problems □ Cancer □ Heant Problems □ Pacemaker □ Ulcer □ Chemotherapy □ Describe □ Respiratory Disease □ Other □ Circulatory Problems □ Henophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Henophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Henophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Henophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Henophilia □ Respiratory Disease □ Other ■ Biood Thinners (Including Aspirin), Cortisones, Insulin, Blood Pressure or Heat medications! Phenobarbital, Blood Thinners (Including Aspirin), Cortisones, Insulin, Blood Pressure or Heat medications! ■ Please help us to help you. If you have any question as to whether or not to list a medication! ■ Please help us to help you. If		Diabetes	Kidney Disease	Stroke					
□ Artificial Joints □ Fainting □ Mitral Valve Prolapse □ Thyroid Problems □ Asthma □ Glaucoma □ Nervous Problems □ Tobacco Habit □ Back Problems □ Headaches □ Osteoprosis □ Tobacco Habit □ Back Problems □ Heart Murmur □ Pacemaker □ Tuberculosis □ Cancer □ Heart Problems □ Paychiatric Care □ Ulcer □ Chemical Dependency □ Beschiptic □ Radiation Treatment □ Veneral Disease □ Chemical Dependency □ Hemophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Rule Nation Treatment □ Veneral Disease ask. Bioot Thinners (including Aspirin), Cortisones, Insulin, Biood Pressure or Heart medications! Please help us to help you. If you have any question as to whether or not to list a medication. Please help us to help you. If you have any question as to whether or not to list a medication. Please ask. MEDICATIONS Are you on any medication for osteoporosis, such as Boniva or Fosamax? □Yes □No If so, please list List medication you are currently taking: □ □ Aspirin □ Local Anesthetic □ Phone □ Codeine □ Latex □ Sulfa □ Codeine <	Artificial Heart Valves	Epilepsy	Liver Disease	Swelling of Feet or Ankles					
□ Asthma □ Glaucoma □ Nervous Problems □ Tobacco Habit □ Blood Disease □ Heart Murmur □ Pacemaker □ Tuberculosis □ Chemical Dependency □ Describe □ Resmaker □ Ulcer □ Chemical Dependency □ Bescribe □ Respiratory Disease □ Other □ Chemical Dependency □ Bescribe □ Respiratory Disease □ Other □ Chemotherapy □ Hemophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Hemophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Hemophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Hemophilia □ Respiratory Disease □ Other □ Blood Thinners (Including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications! Please help us to help you. If you have any question as to whether or not to list a medication. ■ Blood Thinners (Including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications! □ Disease ask. ■ Medication for osteoporosis, such as Boniva or Fosamax? □Yes □No If so, please list □ List medication, please ask. ■ Disease ■ Phone □ Phone □ Other □ Disease □ Codeine □ Local Anesthetic	Artificial Joints	🗆 Fainting	Mitral Valve Prolapse						
□ Blocd Disease □ Heat Murmur □ Osteoporosis □ Tonsilities □ Blood Disease □ Heat Murmur □ Pacemaker □ Tuberculosis □ Cancer □ Heat Problems □ Psychiatric Care □ Ulcer □ Chemical Dependency □ Bescribe □ Radiation Treatment □ Venereal Disease □ Chemical Dependency □ Bescribe □ Radiation Treatment □ Venereal Disease □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Blood Thinners (including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications! Please help us to help you. If you have any question as to whether or not to list a medication, please ask. MEDICATIONS ■ ActLERGIES □ List medication you are currently taking: □ List medication you are currently taking: □ Other □ Other □ Codeine □ Latex □ Sulfa □ Other □ Codeine □ Latex □ Sulfa □ Other □ aservi	🛙 Asthma	□ Glaucoma	•						
□ Blood Disease □ Heart Murmur □ Pacemaker □ Tuberculosis □ Cancer □ Heart Problems □ Psychiatric Care □ Ulcer □ Chemical Dependency □ Describe □ Radiation Treatment □ Venereal Disease □ Chemical Dependency □ Bescribe □ Radiation Treatment □ Venereal Disease □ Chemical Dependency □ Hemophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other ■ Blood Thinners (Including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications! Phenobarbital, Blood Thinners (Including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications! ■ Please help us to help you. If you have any question as to whether or not to list a medications! Phenose □ List medication for osteoporosis, such as Boniva or Fosamax? □Yes □No If so, please list □ □ List medication you are currently taking: □ □ □ Codeine □ Local Anesthetic □ Phone □ □ Codeine □ Local Anesthetic □ Sulfa □ Other □ □ Codeine □ Local Anesthetic □ Sulfa □	Back Problems								
□ Cancer □ Heart Problems □ Psychiatric Care □ Ucer □ Chemical Dependency Describe □ Respiratory Disease □ Other □ Chemotherapy □ Hemophilia □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Circulatory Problems □ Hepatitis □ Respiratory Disease □ Other □ Bood Thinners (including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications! ■ Pease set ■ Medications! □ Please help us to help you. If you have any question as to whether or not to list a medications! ■ Description □ Description □ List medication for osteoporosis, such as Boniva or Fosamax? □ Pres □ No If so, please list □ List □ Description □ Pharmacy Name	Blood Disease								
Chemical Dependency Describe Radiation Treatment Venercal Disease	•								
Chemotherapy			-						
□ Circulatory Problems □ Hepatitis □ Rheumatic Fever It is EXTREMELY IMPORTANT for us to know if you are taking Dilantin, Tranquilizers, Viagra, Phenobarbital, Blood Thinners (including Aspirin), Cortisones, Insulin, Blood Pressure or Heart medications! Please help us to help you. If you have any question as to whether or not to list a medication, please ask. MEDICATIONS Are you on any medication for osteoporosis, such as Boniva or Fosamax? □Yes □No If so, please list List medication you are currently taking:	, .								
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Aspirin □ Local Anesthetic □ Penicillin □ Other	Are you on any medication for osteoporosis, such as Boniva or Fosamax? Yes INo If so, please list								
Aspirin Local Anesthetic Penicillin Other Codeine Latex Sulfa SIGNATURE I affirm that the information I have given is correct, and that it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform the necessary services that I may need. I assign the Doctor all insurance benefits. I understand that Coweta Dentistry Associates files my insurance as a courtesy, but I am responsible for payment of services rendered, any deductible, and co-payment that my insurance does not cover. I am aware that, in many cases insurance companies reduce the fee of composite (tooth colored) fillings on posterior teeth and that I am responsible for any portion not covered. Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand that a 1 1/2% late charge (18%APR) may be added to my account. The above information is accurate and complete to the best of my knowledge. I will not hold my dentist or any member of his	· · ·	· · · · · · · · · · · · · · · · · · ·							
Aspirin Local Anesthetic Penicillin Other Codeine Latex Sulfa SIGNATURE I affirm that the information I have given is correct, and that it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform the necessary services that I may need. I assign the Doctor all insurance benefits. I understand that Coweta Dentistry Associates files my insurance as a courtesy, but I am responsible for payment of services rendered, any deductible, and co-payment that my insurance does not cover. I am aware that, in many cases insurance companies reduce the fee of composite (tooth colored) fillings on posterior teeth and that I am responsible for any portion not covered. Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand that a 1 1/2% late charge (18%APR) may be added to my account. The above information is accurate and complete to the best of my knowledge. I will not hold my dentist or any member of his	Pharmacy Name	Phone	Phone						
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Date SignatureSignature									