+++

Please fill out the form below

		Initial		First Name	
Address			City	Postal	
Home Tel		Cell		Work	
PROTES Self-Resilve Protest Invincional Actor		- S AGNII	E 80.000		
Date of Birth: DD/MM/YYYY			Email Address		
Emergency Contact			Phone		
How did you hear about us?			Health Card #		
o you have <mark>d</mark> ental insurance	? Yes No		If Yes complete the following		
rimary Insurance					
Company			Policy Holder		
Policy/Plan/Group			Certificate/I.D.		
Policy holders Date of Birth DE	D/MM/YYYY		Relation to Holder		
Secondary Insurance					
Company			Policy Holder		
Policy/Plan/Group			Certificate/LD.		
DESCRIPTION OF OUR SHEET, AND SHEET OF SHEET	20140012020202		7 276 0.74E 9P 0.0071010		
Policy holders Date of Birth DE			Relation to Holder		
las there been any change in	n your general health?				Yes No
If YES please describe					
re you being treated for any	medical condition or have ye	ou been treated within the լ	past 2 years?		O Yes O No
If YES please describe					
re you currently being treated	d by a physician for a specif	fic condition?			
If YES please describe					
re your currently taking any r	medication?				⊘ Yes ⊘ No
Medication					Dose
Medication					Dose
Medication					Page
o you bleed or bruise easily?	**************************************				O Yes O No
THE CHARLES OF THE STREET OF T					
łave you ever been hospitaliz	zed z				Yes No
lave you ever received gener	e reaction to local anestheti	c?			○ Yes○ No○ Yes○ No○ Yes○ No
If YES please describe lave you ever received gener lave you ever had an adverse o you have any allergies to r If YES please describe	e reaction to local anesthetion medications?	c?			⊚ Yes ⊚ No
lave you ever received general lave you ever had an adverse you have any allergies to r	e reaction to local anesthetion medications?	c?			⊚ Yes ⊚ No
lave you ever received general lave you ever had an adverse on you have any allergies to refer the later of the later of you have any other allergies.	e reaction to local anesthetion medications?	c?			⊚ Yes ⊚ No
lave you ever received general lave you ever had an adverse you have any allergies to respond to you have any other allergies to you have any other allergies of yes No	e reaction to local anesthetic	c?			⊚ Yes ⊚ No
lave you ever received generate you ever had an adverse to you have any allergies to respond you have any other allergies of you have any other allergies of Yes No	e reaction to local anesthetic	c? Osteopenia	Rheumatic Fever	Asthma	⊚ Yes ⊚ No
lave you ever received generate you ever had an adverse to you have any allergies to respond you have any other allergies to you have any other allergies of Yes No	e reaction to local anesthetic medications? es? the following conditions?		Rheumatic Fever Mental Illness	Asthma AIDS/HIV	Yes No
lave you ever received generative you ever had an adverse to you have any allergies to respond you have any other allergies to you have any other allergies to you currently have any of the Heart Murmur	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis	Osteopenia			
Have you ever received general Have you ever had an adverse to receive you have any allergies to receive you have any allergies to receive you have any other allergies to you have any other allergies you was not you currently have any of the Heart Murmur.	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D	Osteopenia Thyroid Disease	Mental Illness	AIDS/HIV	© Yes © No ☐ Yes © No ☐ COPD ☐ Herpes / Cold Sores
lave you ever received general lave you ever had an adverse to you have any allergies to respond to you have any other allergies. On you have any other allergies of yes. On you currently have any of the last Murmur. If YES please list.	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack	Osteopenia Thyroid Disease Angina	Mental Illness Glaucoma	AlDS/HIV Atherosclerosis	 ✓ Yes → No ✓ Yes → No COPD Herpes / Cold Sores Stroke
Have you ever received general Have you ever had an adverse to go you have any allergies to real of YES please describe Of you have any other allergies Of you have any other allergies Of you currently have any of the Heart Murmur Sieep Apnea Emotional Problems Kidney Disease	the following conditions? Costeoporosis Hepatitis A/B/C/D Heart Attack Liver Disease	Osteopenia Thyroid Disease Angina Kidney Disease	Mental Illness Glaucoma Kidney Disease	AIDS/HIV Atherosclerosis Drug/Alcohol Abuse	 ○ Yes ○ No ○ Yes ○ No ○ COPD ○ Herpes / Cold Sores ○ Stroke ○ Cancer ○ Arthritis
Have you ever received general Have you ever had an adverse to pool you have any allergies to receive the second of the second o	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant	O Yes ○ No
Have you ever received generative you ever had an adverse to you have any allergies to read the second of the seco	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant	 ○ Yes ○ No ○ Yes ○ No ○ COPD ○ Herpes / Cold Sores ○ Stroke ○ Cancer ○ Arthritis ○ Surgery to Head and
Have you ever had an adverse to you have any allergies to read the you have any allergies to read the year of year	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy	 Yes No Yes No Yes No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes No
Have you ever received generative you ever had an adverse to you have any allergies to read the year of year o	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Tobacco Cigars	 Yes No Yes No Yes No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes No
Have you ever received generative you ever had an adverse to you have any allergies to read the second of the year of the year of the year of the year of the you currently have any of the year of year o	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy	 Yes No Yes No Yes No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes No
Have you ever received general Have you ever had an adverse to you have any allergies to real of YES please describe Do you have any other allergies Yes No If YES please list Do you currently have any of the Heart Murmur Sleep Apnea Emotional Problems Kidney Disease Jaundice Radiation Therapy If YES please explain Do you smoke? Amount/day Females ONLY	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Tobacco Cigars	 Yes ○ No Yes ○ No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes ○ No Chew ○ Other
lave you ever received generative you ever had an adverse to you have any allergies to real of you have any other allergies. The you have any other allergies are not you currently have any of the Heart Murmur. Sleep Apnea Emotional Problems Kidney Disease Jaundice Radiation Therapy Athere anything else the doctors of you smoke? Amount/day The you or could you be pregress.	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Tobacco Cigars	 Yes ○ No Yes ○ No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes ○ No Chew ○ Other
lave you ever received generative you ever had an adverse to you have any allergies to read the you have any other allergies. Yes No If YES please describe Yes No If YES please list Yes Please list Yes Please list Yes Apnea Emotional Problems Kidney Disease Jaundice Radiation Therapy If YES please explain Yes you or could you be pregreate you currently breast-feeding	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Tobacco Cigars	 Yes ○ No Yes ○ No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes ○ No Chew ○ Other
ave you ever received generative you ever had an adverse or you have any allergies to read of the year of the year of the year of the year of the you currently have any of the you currently brease Jaundice	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding mant? ing?	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Tobacco Cigars	 Yes No Yes No Yes No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes No Chew Other Yes No
ave you ever received generate you ever had an adverse or you have any allergies to read of you have any other allergies or you have any other allergies or you currently have any of the yest of you currently have any of the you currently brease. If YES please Isst Radiation Therapy If YES please explain	e reaction to local anesthetic medications? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding nant? g any pain or discomfort?	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Quit Date Cigars	☐ Yes ☐ No ☐ Yes ☐ No ☐ COPD ☐ Herpes / Cold Sores ☐ Stroke ☐ Cancer ☐ Arthritis ☐ Surgery to Head and ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
lave you ever received generative you ever had an adverse to you have any allergies to read the you have any other allergies to you have any other allergies to you have any other allergies to you currently have any of the you currently brease. If YES please list Radiation Therapy If YES please explain	the following conditions? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding mant? ing? g any pain or discomfort? e to	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health?	Glaucoma Glaucoma Kidney Disease Pacemaker	AlDS/HIV Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Tobacco Cigars	G Yes S No S Yes No S Yes No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and S Yes No Other Yes No Yes No No Yes No S No
lave you ever received general lave you ever had an adverse lave you ever had an adverse lave you have any allergies to read of the yest please describe. Do you have any other allergies are you currently have any of the latter may be a latter anything else the doctors of the yest please explain. Do you smoke? Amount/day Females ONLY Are you or could you be pregress or you currently breast-feeding the latter any of your teeth sensitive any of your teeth sensitive any of your have difficulty chewing the latter any of your teeth sensitive any of your teeth sensitive any of your teeth sensitive any of your have difficulty chewing the you have difficulty chewing the your have difficulty have any of your have difficul	the following conditions? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding mant? ing? g any pain or discomfort? e to g food or does food get stuce	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health? Yes No Quit for how long?	Glaucoma Glaucoma Kidney Disease Pacemaker	Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Quit Date Cigars	G Yes G No G Yes G No G Yes G No G COPD G Herpes / Cold Sores G Stroke G Cancer G Arthritis G Surgery to Head and G Yes G No
Have you ever received general flave you ever had an adverse you you have any allergies to read the second of the year of the you currently have any of the year of the year of the year of your smoke? Amount/day Females ONLY Are you or could you be pregressive you currently breast-feeding your your teeth sensitive you you have difficulty chewing you you have you unhappy with the over	the following conditions? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding nant? ing? g any pain or discomfort? e to g food or does food get stuce erall appearance of your teet	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health? Yes No Quit for how long?	Glaucoma Glaucoma Kidney Disease Pacemaker	Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Quit Date Cigars	G Yes G No G Yes No COPD G Herpes / Cold Sores G Stroke G Cancer Arthritis G Surgery to Head and G Yes G No Chew G Other G Yes No G Yes G No
Have you ever received generative you ever had an adverse you of you have any allergies to really five please describe. Do you have any other allergies are you currently breast-feeding you smoke? Amount/day Females ONLY Are you or could you be pregressive you currently breast-feeding you currently breast-feeding you currently breast-feeding you have difficulty chewing you you have had braces for have you ever had braces for have you have you have had braces for had you have you have you have you have had braces for had you have you have you have had braces for had you have	the following conditions? es? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding nant? g any pain or discomfort? e to g food or does food get stuce rall appearance of your teeth?	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health? Yes No Quit for how long?	Glaucoma Glaucoma Kidney Disease Pacemaker	Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Quit Date Cigars	© Yes ○ No O Yes ○ No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes ○ No
Have you ever received generative you ever had an adverse to you have any allergies to read the you have any other allergies. Yes No If YES please describe. Yes No If YES please list. Yes No If YES please list. Yes Please explain. Yes you smoke? Yes you or could you be pregreate you currently breast-feeding the you currently experiencing the you currently experiencing the you currently experiencing the you currently experiencing the you will have you ever had braces for have you ever had an injury to have you ever had braces for have you ever had an injury to have you ever had an injury to have you ever had braces for have you ever had an injury to have you ever	the following conditions? ces? the following conditions? Costeoporosis Hepatitis A/B/C/D Heart Attack Liver Disease ADHD Steroid Therapy tor needs to know regarding mant? g any pain or discomfort? e to g food or does food get stucterall appearance of your teet r straightening your teeth? o your jaw or face?	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health? Yes No Quit for how long?	Glaucoma Glaucoma Kidney Disease Pacemaker	Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Quit Date Cigars	G Yes S No S Yes No S Yes No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes No
Have you ever received general dave you ever had an adverse dave you ever had an adverse do you have any allergies to real of you have any other allergies. The year of you currently have any of the heart Murmur. Sleep Apnea. Emotional Problems. Kidney Disease. Widney Disease. Widney Disease. Radiation Therapy at there anything else the doctor. If YES please explain. Yes you currently breast-feeding the you currently breast-feeding the you currently experiencing the you currently experiencing the you have difficulty chewing the you what difficulty chewing the you was an injury to you show you ever had an injury to you so your jaw ever click or possible your j	the following conditions? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack: Liver Disease ADHD Steroid Therapy tor needs to know regarding rant? g any pain or discomfort? e to g food or does food get stuce arall appearance of your teeth r straightening your teeth? o your jaw or face? op or cause pain upon openi	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health? Yes No Quit for how long?	Glaucoma Glaucoma Kidney Disease Pacemaker	Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Quit Date Cigars	□ Yes □ No □ Yes □ No □ COPD □ Herpes / Cold Sores □ Stroke □ Cancer □ Arthritis □ Surgery to Head and □ Yes □ No
Have you ever received generative you ever had an adverse to you have any allergies to read the you have any other allergies. Yes No If YES please describe. Yes No If YES please list. Yes No If YES please list. Yes Please explain. Yes you smoke? Yes you or could you be pregreate you currently breast-feeding the you currently experiencing the you currently experiencing the you currently experiencing the you currently experiencing the you will have you ever had braces for have you ever had an injury to have you ever had braces for have you ever had an injury to have you ever had an injury to have you ever had braces for have you ever had an injury to have you ever	the following conditions? the following conditions? Osteoporosis Hepatitis A/B/C/D Heart Attack: Liver Disease ADHD Steroid Therapy tor needs to know regarding rant? g any pain or discomfort? e to g food or does food get stuce arall appearance of your teeth r straightening your teeth? o your jaw or face? op or cause pain upon openi	Osteopenia Thyroid Disease Angina Kidney Disease Epilepsy Stress your medical health? Yes No Quit for how long?	Glaucoma Glaucoma Kidney Disease Pacemaker	Atherosclerosis Drug/Alcohol Abuse Organ Transplant Steroid Therapy Quit Date Cigars	G Yes S No S Yes No S Yes No COPD Herpes / Cold Sores Stroke Cancer Arthritis Surgery to Head and Yes No

I the undersigned, certify that all the above medical and dental information is true to the best of my knowledge and that I have not omitted any pertinent information. I agree to the performing of dental and oral surgery procedures agreed to be necessary or advisable, including the use of local anesthetics or other prescribed drugs as indicated. I will assume full responsibility for the fees associated with these procedures. I agree to the privacy policies posted in the reception area and consent to the electronic sharing of information with my insurance company for the purpose of processing insurance claims and determination of benefits. Unless other arrangements have been made assignment of benefits from your insurance company will be set up. My dental insurance plan is a contract between myself and my insurance company, not between my insurance company and my dentist. I authorize the dentist to treat me and I assume full responsibility for all fees. I am aware that 2 business days notice is required to change

or cancel an appointment without charge.

______ SIGNATURE (PARENT OR GUARDIAN IF UNDER 16)

To be signed at your appointment