Value Dental Care



PLEASE PRINT

NAME	DATE OF BIRTH
ADDRESS	ZIPCODE
	CELL PHONE
	SEXSPOUSE
	TELEPHONE
	RECOMMENDED BY
ANY FAMILY MEMBER A PATIENTNAME	
	DATE LAST DENTAL VISIT
DO YOU LIKE APPEARANCE OF YOUR TEETHCHANGES YOU'D LIKE	
MEDICAL HISTORY	
NAME OF PHYSICIAN	TELEPHONE
ARE YOU UNDER PHYSICIANS CARE NOV	VREASON
BIRTH CONTROL PILLSYES/	NO ARE YOU TAKING ANY
ARE YOU PREGNANTYES/	NO MEDICATIONSLIST
REACTION TO ANESTHETICSYES/	NO
DRUG ALLERGIESYES/	NO
HEPATITIS(TYPE)YES/I	
HIV POSITIVE(AIDS)YES/I	NO
VENEREAL DISEASEYES/N	NO
TRAUMA TO HEAD/JAWYES/N	NO
TUBERCULOSISYES/N	NO
HEART PROBLEMSYES/N	NO
HEART SURGERYYES/N	NO

MEDICAL HISTORY (CONT) STROKE-----YES/NO TAKING BLOOD THINNER(circle) HIGH BLOOD PRESSURE-----YES/NO Brilanta(Ticagrelor) PACEMAKER-----YES/NO Coumadin(Warfarin) DIABETES-----YES/NO Effient(Prasugrel) ANEMIA-----YES/NO Eliquis(Apaxaban) CANCER TREATMENT----YEAR_____ Plavix(Clopidogrel) RADIATION ____CHEMO____ Pradaxa(Dabgatran) RHEUMATIC FEVER-----YES/NO Savaysa(Edoxaban) MITRAL VALVE PROLAPSE-----YES/NO Xarelto(Rivaroxaban) ARTIFICIAL JOINT----YEAR_____ Other Brand?_____ HIP/KNEE/OTHER____ OSTEOPEROSIS MEDS (BISPHOSPONATES) **UPDATES** SUCH AS: (circle)—Reclast—Zometa—Aclasta Boniva—Fosamax—Zometa—Actonel—Skelid Didronel—Binosto—Aredia—Zolendric Acid Ibandronate—Alendronate—Risondronate Tiludronate—Etidronate—Pamidronate OTHER MEDICAL PROBLEMS(LIST)_____ DO YOU WEAR DENTURES OR PARTIALS_____ DENTAL INSURANCE______Group #___ DRIVERS LICENSE #_____ SIGNATURE_____DATE

I ASSUME FULL RESPONSIBILITY FOR PAYMENT-DUE @ SERVICES RENDERED