

Please fill out the Following Information:

(We understand you may have given us this information on the previous pages)

Patients Please Circle One For Each of the Following Questions:

Are You Allergic to LATEX? YES NO

Are You Allergic to Novocain? YES NO

Are You Allergic to ANY Medications? YES NO
(If yes, please list): _____

Do You Need to Pre-Medicate for Joint Replacement or Heart Valve Issues Prior to Any
Dental Appointments? YES NO

Are There Any Other Health Issues We Should Be Aware of? YES NO
(If yes, please explain): _____

Who May We Thank For Sending You to Our Office? _____

Office Use ONLY
TODAYS PROCEDURES

EVALUATION TOOTH # _____

RCT # _____

OTHER _____

NEXT VISIT _____

TOTAL _____

Insurance, % _____