Huffman & Kreger Family Dentistry

Date:							YOU AS OUR PATIENT		
Patient Name Social Security Number				H (Home Phone				
Home Address		City, St	ate, Zip		C	ell Phone			
Email Address					v	Vork Phone			
					B	irthdate	Drivers License and State		
1arital Status	□ Single □ Married	 □ Divorced □ Separated 		MALE FEMALE		initiate	Dirvers Electise and State		
rimary Insuran	ce Company		·	Group	·	Subscribe	er		
Seconday Insurance Company				GroupSubscriber			er		
Responsible Pa Jame	rty			Social Security Number		Home Phone			
Iome Address				City, State, Zip		Birthdate			
1artial Status	🗆 Single 🗆 Div	vorced Married	□ Separated	Relationship to Patient		Drivers Licen	se and State		
Responsible Person's Employer				Occupation		Work Phone			
Business Addres	SS			City		State	Zip		
pouse's Name				Social Security Number		Birthdate			
Spouse's Employer				Spouse's Occupation		Spouse's Work Phone			
Spouse's Business Address				City		State	Zip		
				CONSENT					
I will answer a	ll health questio	ns to the best of my	knowledge.	(Initial)					
				of dental services upon the above					
octor may dict dvisable by the		carry out these pro	cedures. I also auth	orize and request the administrat	tion of any anest	hetics and x-rays	as may be deemed necessary		
Signature			Date	Rela	ationship to Patie	nt			
his office depends u	pon reimbursement fi	om the patient for the co	sts incurred in their care. T	Terms and Conditions he financial rseponsibility of each patient m	ust be determined befo	ore treatment.			
s a condition of trea me services are perf	tment by this office, l	understand financial arra	ingements must be made in	advance. All emergency dental services, or	r any dental service pe	rformed without prior fi	nancial arrangement, must be paid for at t		
				onally responsible for payment. If I carry in lowever, this dental office cannot render ser					
understand that the f	fee estimate listed for v Social Security Num n such proceedings sh	this dental care can only ber or any other informal all be entitled to recover a	be extended for a period of ion I have given you. I aga all costs incurred including	orize my insurance comapny to pay directly (90 days from the date of the patient's exam ee that in the event that either this office or reasonable attorney's fees. is matters related to this form. I have read th	nination. I also underst I institute any legal pr	and that in order to colle occeedings with respect t	ect my debt, my credit history may be che o amounts owed by me for services rende		
ne prevailing party in				Date					

Date

Huffman & Kreger Family Dentistry

Y N 1 evold breaking or flavsing. Y N 1 evold breaking or flavsing part of my mould hade to pain. Y N<	Why have you come to see us today? (e.g.: pa	ain, checkup, et	c.)					
What problems have you had with past dental reatment?	Previous Dentist	Last Visit			Date of last cleaning			
Are you nervous about seeing a dentist? Pts? No If yees please, tell as why: How often do you brash?	Reasons for changing dentists:							
How often do you brush?	What problems have you had with past denta	l treatment?						
Phone circle coded Y N I have had brashing part of my mouth due to pain. Y N I have had a ficial or jaw injury. Y N I have had a ficia	Are you nervous about seeing a dentist? \Box	Yes! □ N	o If yes please, tell us why:					
Y N I canch or grind my tech during the day or while steeping. Y N <t< td=""><td>How often do you brush?</td><td></td><td>Do you floss? □ Yes</td><td>🗆 No</td><td></td><td>How often?</td></t<>	How often do you brush?		Do you floss? □ Yes	🗆 No		How often?		
Y N My guns bled while handing of floating. Y N	(Please circle each)							
Y N		while sleeping.			o pain	5 5 .		
Y N I prefer tooth-colored fillings. Y N I have hud orthodomics. What are your dental priorities?								
What are your dental priorities? teg::::::::::::::::::::::::::::::::::::						Y N I want my teeth whiter.		
It generative, dental hashi, fumuid considerations, etc.) I consider my health to be (check one): 			1 IV Thave had orthodonnes.					
Dy up have or have you had any of the follow? Please circle V for yes or N for no. 9. Y N Hart Disease 9. Y N HIV 1. Y N Heart Disease 25. Y N Leven Disease 9. Y N HIV 2. Y N Heart MinumMind Valve Prolips 26. Y N Jaandie 40. Y N ADDS 3. Y N Stoke 27. Y N Heart MinumMind Valve Prolips 27. Y N Hearting Loss 42. Y N Hearing Loss 3. Y N Stoke 28. Y N Diabets 42. Y N Harring Loss 42. Y N Harring Loss 5. Y N Reumatic Fever 29. Y N Excessive Urination and/or Thirst 43. Y N Fainting Spells 6. Y N Pacemaker 30. Y N Herbition and/or Thirst 43. Y N Guotona 7. Y N Steft 31. Y N Herpition and/or Thirst 43. Y N Harring Loss 8. Y N Anonomal Blood Pressure 32. Y N Athritis 45. Y N Are you accould you be pregnant or nursing? 1.Y N Tabercalosis or Lung Disease 35. Y N Tamor or Malignancy 47. Y N Are you accould you be pregnant or nursing? 1.Y N Inductions for Long Disease 35. Y N N How Componentiation or nursing? 47. Y N Are you accould you be pregnant or nursing? 1.Y N Inductions for Long Disease 38. Y N History of Drug Addiction 57. Y N Harbition or Drug Addiction 1.Y N Induction for to denal transmot 47. Y N Are you accould you be pregnant or nursing? 1.Y N Induct		.)						
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2. Y N Heart Murnur/Mitral Valve Prolapse 26. Y N Jauadice 40. Y N AlDS 3. Y N Stroke 41. Y N Immune Suppressed Disorder 41. Y N Immune Suppressed Disorder 3. Y N Stroke 27. Y N Diabetes 41. Y N Immune Suppressed Disorder 4. Y N Congential Heart Lesions 28. Y N Diabetes 42. Y N Hearing Loss 5. Y N Remember 30. Y N Infections MononeLoosis ("Mono") 44. Y N Glaucoma 7. Y N Steat 31. Y N Anhritis 43. Y N Aining Spells 8. Y N A Abnormal Blood Pressure 32. Y N Anhritis 45. Y N Are you taking birth control medication? 11. Y N thereousis or Lung Disease 35. Y N Midney Disease 46. Y N Are you or could you be pregnant or nursing? 12. Y N Asthma 36. Y N Cancer/Chernotherapy 47. Y N Are you or could you be pregnant or nursing? 13. Y N Hay Fever 37. Y N Riadiation' Hearpy 47. Y N Are you or could you be pregnant or nursing? 14. Y N Introlucous or Lung Disease 38. Y N History of Drug Addiction 57. Y Epilepsylocizares 15. Y N Epilepsylocizares 16. Y N Ulcos 17. Y N Introlucous or Lung Epilephice Notace 17. Y N Istorik or ruse or taking The Print the tast 24 Douts. 27. Y N Are you are taking Epilephice Notace 17. Y N Istorik or user taking Epilen or Reducal 7. Y P Kadaware			•	20	VN			
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