PRACTICE NAME

ADDRESS, TELEPHONE AND FAX

PREVENTIVE & RESTORATIVE CARE

Dental Visit Information

PATIENT INFORMATION

FULL NAME

DATE OF BIRTH

LAST DENTAL VISIT

DENTAL HISTORY

- ☐ Sensitivity to hot or cold
- ☐ Bleeding or sore gums
- ☐ Grinding or clenching
- ☐ Jaw pain or clicking
- ☐ Anxious about dental visits
- ☐ Need pre-medication (joint/heart)

NOTES FOR THE HYGIENIST OR DENTIST

APPOINTMENT REQUESTED

- ☐ Routine cleaning & exam
- ☐ Restorative (filling, crown)
- ☐ Periodontal maintenance
- ☐ Tooth pain or urgent concern

DENTAL INSURANCE (IF DIFFERENT FROM MEDICAL)

CARRIER

MEMBER ID

GROUP #

Bring a current list of your medications. If you need pre-medication before dental work, tell the practice when you book, not on the day.

PATIENT (OR GUARDIAN) SIGNATURE

DATE