

MEDICAL UPDATE

YES NO

1. Has there been any change in your medical history (including **allergies**, surgeries, diabetes etc.)?

List: _____

List medications you are now taking (such as for heart, blood pressure, diabetes, nerve, sleeping, stomach trouble, headaches, arthritis, allergies, etc.):

a. _____ d. _____ g. _____ j. _____
 b. _____ e. _____ h. _____ k. _____
 c. _____ f. _____ i. _____ l. _____

2. Has there been any injury to the teeth, head, or neck since your last visit?

List: _____

3. Is there any condition or problem you wish to bring to the Doctor's attention this visit?

List: _____

FAMILY RECORD UPDATE

1. Is there a change in your phone, address or email? Phone: _____

Address/Email: _____

2. Any dental insurance or employer changes? List: _____

Cancellation / No Show Policy

For all parties concerned, in consideration of your child, fellow patients, and the doctors, please know the appointment is reserved for you/your child. We kindly ask that you give us adequate notice for any cancellations.

Please be aware that our office requires a 48 business hour notice for cancelling an appointment. This does not include the time we make our appointment reminder phone calls. Failure to contact our office within 48 business hours may result in a \$50 per patient charge.

Video / Picture Policy

To respect the privacy of our patients, families, doctors and staff, videos are not permitted. Please refrain from taking any photos without prior consent.

Patient Name(s): _____

Patient Signature _____ Date: _____