

Do you have any drug allergies or have you ever had an adverse reaction to medication? _____

If so, what? _____

Are you taking medication at this time? Yes No If so, what? _____

Are you under the care of a physician? Yes No For what condition(s)? _____

If the patient is a child, what is his or her weight? _____

Is there anything else we should know about your medical history? _____

DENTAL HISTORY

Have you had any sinus trouble associated with any previous dental work? Yes No

Are you wearing a removable dental appliance? Yes No

When were you last seen by a dentist? _____ For what? _____

When was your last professional teeth cleaning? _____

Have you ever been diagnosed with periodontal disease? Yes No

PLEASE READ CAREFULLY

I hereby authorize payment directly to Dr. Mike Pulido, otherwise payable to me. A photocopy of my signature may serve as the original. Payment is due when services are rendered. All patient co-payments and deductibles for insurance purposes must be paid at time of visit. This office will assist the patient, if possible, by completing and filing the necessary forms, but the responsible party, by signing below, accepts full responsibility for outstanding balances after thirty (30) days. The responsible party, by signing below, understands and agrees to pay a 1.5% monthly finance charge with a minimum \$5.00 balance which has been outstanding in excess of sixty (60) days. All missed appointments or broken appointments without twenty-four (24) hour notice will be subject to a \$50.00 charge per missed visit. If this account becomes delinquent or is placed with an attorney for collection, the undersigned responsible party agrees to pay all attorney and collection fees associated with the collection of this bad debt.

Signature of Responsible Party: _____ Date: _____

For subsequent visits only: I have read and reviewed my answers to the medical history and have noted all changes:

1) _____ 2) _____ 3) _____ 4) _____
Initials Date Initials Date Initials Date Initials Date