

PATIENT INFORMATION UPDATE

NAME: _____

BIRTH DATE: _____

SOCIAL SECURITY #: _____

E-mail address: _____

Since your last visit have you had any of the following? If any YES answers, PLEASE EXPLAIN.

- 1) Changes in health- YES/ NO- _____
- 2) New or changes in medications(please list)- YES/ NO- _____
- 3) Any hospital visits- YES/ NO- _____
- 4) Changes in employment or insurance- YES/ NO - _____

- 5) New Address/ Phone #'s- _____



PARENTAL GUARDIANSHIP

Please be aware that due to current legal guidelines, we are now requiring one of the following for our patients under the age of 18 years.

- 1) A legal guardian **MUST** accompany and remain on the premises during dental procedures.
- 2) If the legal guardian is not with the child, then they **MUST** have an adult (over the age of 18 yrs old) who presents a WRITTEN authorization for treatment from the legal guardian, and must remain during any procedures.

X _____ Date: _____

Signature of patient, parent or guardian