

-WELCOME-
Dr. Amy Rowland's Office

PATIENT INFORMATION

Date _____ Email (optional) _____
___ I would like to receive email or text messages regarding future appts.

Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____ SS# _____

RESPONSIBLE PARTY OR POLICY HOLDER – (IF DIFFERENT THAN ABOVE)

Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Work Phone# _____ SS # _____

DENTAL INSURANCE

Employer _____ Ins Company _____ ID # _____

DENTAL HISTORY

Name of Previous Dentist _____ Date of last exam _____

Yes	NO		Yes	NO	
___	___	Have you ever experienced any of the following problems in your jaw?	___	___	Are your teeth sensitive to hot or cold liquids/foods?
___	___	--clicking?	___	___	Are your teeth sensitive to sweet or sour liquids/foods?
___	___	--pain (joint, ear, side of face)?	___	___	Have you had any orthodontic treatment (braces)?
___	___	--difficulty with opening, closing, or chewing?	___	___	Do you clench or grind your teeth?
___	___	Do you feel pain in your teeth?	___	___	Do your gums bleed while brushing or flossing?
			___	___	Do you have any sores or lumps in your mouth?

AUTHORIZATION AND RELEASE

-I agree to be responsible for payment on all services rendered on my behalf or my dependents.
- I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such Dental care to third party payors and/or health practitioners.
-If filing dental insurance, I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. **I understand that my dental insurance carrier may pay less than the actual bill for services. I understand that I am responsible for those charges not paid by my insurance company.**
-I have read and understand this office's Notice of Privacy Practices.

Patient's Signature (Parent or Guardian) _____ Date _____

-OVER PLEASE-