



Dental History

Patient Name: _____ D.O.B: _____
Address: _____
Home Phone: _____ Mobile: _____
Email: _____
Next of Kin / Emergency Contact: _____
Private Health Fund Name: _____
Member No. _____ Name Ref.No. _____
Medicare Card No.: _____ Name Ref.No. _____

All information is completely confidential.

How did you find us? Google, Facebook, Local Link, Existing patient
If other please list: _____

What is the reason for your visit today? _____
Date of last dental visit _____ Last dental clean: _____

How often do you have dental examinations? _____
What dental Concerns do you have? _____
Do you have teeth sensitivity/ gum bleeding/ Jaw pain? _____

Our Commitment

At Mandurah Dental Surgery, we are committed to excellence.

- We believe that our relationship to you needs open and clear communication.
- We do not double book our appointments as we feel that you deserve our complete and focused attention.

Your Commitment

- If you have any enquiry about your dental treatment we will gladly clarify any uncertainties that may arise.
- You are committed to pay the total amount of the treatment completed ON THE SAME DAY; we do accept many forms of payment.
- Your reserved time is exclusively yours. We have a 48 hour cancellation policy in order to provide you with this personalized attention. However, you will be charged a \$50.00 missed appointment fee if sufficient notice is not given.

I understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge.

Patient/Guardian Signature: _____ Date: _____