

SALISH ORTHODONTICS

Patient Information

Patient Name: _____ Sex: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Father's Name: _____

With whom does the child reside? _____

Emergency Contact: Name: _____ Phone: _____

RESPONSIBLE PARTY

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Social Security Number: _____

Driver's License #: _____

DENTAL INSURANCE INFORMATION

Name: _____

Dental Insurance Company Phone Number: _____

Claim's Mailing Address: _____

Name of Insured: _____ Insured's Birthdate: _____

Name of Employer: _____

Insured ID #: _____ Social Security #: _____

Group #: _____ Insured Relationship to Patient: _____

(OFFICE USE ONLY: LTM _____ PAID @ ____ % BANDING ____ % AUTOPAY? ____ MTHLY QRTLY 2PP)

STATE INSURANCE INFORMATION

Client ID Number: _____

I authorize Salish Orthodontics, to release information that may be necessary to request claim reimbursement from the insurance companies I designate. I assign claim payments to be payable to Salish Orthodontics.

Signature of parent or guardian if under the age of 18

Date

continued on next page

Patient's Name: _____

Health History

What is the name of your dentist or dental clinic? _____

What is your primary concern? _____

Have you ever worn an orthodontic appliance? _____

If yes, what type and when? _____

Do you have or have you had any of the following?

Heart Disease	Y	N
Heart Murmur	Y	N
Cancer	Y	N
Ulcers	Y	N
Diabetes	Y	N
Epilepsy	Y	N
Rheumatic Fever	Y	N
Sinus Trouble	Y	N
Arthritis	Y	N
Stroke	Y	N
Prolonged Bleeding	Y	N
Chemical or Alcohol Dependency	Y	N
Abnormal Blood Pressure	Y	N
Tuberculosis or Lung Disease	Y	N
Radiation or X-Ray Therapy	Y	N
HIV or AIDS	Y	N
Hepatitis or Liver Disease	Y	N
Artificial Heart Valves or Joints	Y	N
Fainting or Dizzy Spells	Y	N
Asthma or Hay Fever	Y	N
Venereal Disease or Syphilis	Y	N
Allergies?	Y	N

If yes, what allergies and reaction? _____

The information on this form is true and complete to the best of my knowledge.

Signature of parent or guardian if under the age of 18

Date