



# DESIGNING SMILES

1414 East Franklin St.  
Monroe, NC 28112  
704-289-5233

Patient Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Patient or Parent Employed by: \_\_\_\_\_ Shift: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Employed by: \_\_\_\_\_ Shift: \_\_\_\_\_ Phone: \_\_\_\_\_

Financially Responsible Party: \_\_\_\_\_ SSN: \_\_\_\_\_

Dental Insurance: Yes \_\_\_ No \_\_\_ If yes, please present insurance card to the secretary.

Who should we notify in case of an Emergency? \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Previous Dentist: \_\_\_\_\_ Last time you saw a Dentist: \_\_\_\_\_

## Medical History

Medical Doctor: \_\_\_\_\_ Current Medications (list them): \_\_\_\_\_

\*\*\*\* Do you or have you ever had any of the following? \*\*\*\*

	YES	NO		YES	NO		YES	NO	
Rheumatic Fever	___	___	Arthritis	___	___	<b>Allergies to:</b>			
Heart Trouble	___	___	Asthma	___	___		Penicillin	___	___
Heart Attack	___	___	Hay Fever	___	___		Other antibiotics	___	___
Heart Murmur	___	___	Tuberculosis	___	___		Novocaine	___	___
High Blood Pressure	___	___	Hepatitis	___	___		Other Anesthetics	___	___
Low Blood Pressure	___	___	Jaundice	___	___		Aspirin	___	___
Blood Disorders	___	___	Fainting Spells	___	___		Codeine	___	___
Abnormal Bleeding	___	___	Seizures	___	___		Other Allergies	___	___
Anemia	___	___	Diabetes	___	___			___	___
Radiation Treatment	___	___	Hypoglycemia	___	___				
Severe Headaches	___	___	Stroke	___	___	<b>Women Only</b>			
Sinus Problems	___	___	Cancer	___	___	Breast Feeding?	___	___	
Night Sweats	___	___	Joints Replaced	___	___	Birth Control Pills	___	___	
HIV Exposure	___	___	Venereal Disease	___	___	Pregnant?	___	___	
			Aids	___	___	If YES, due date	_____		

Please list any other medical problems: \_\_\_\_\_

\*\*\*\*\* PLEASE SEE REVERSE SIDE \*\*\*\*\*

Ck Med Dr. _____	Rev Dr. _____
Date: _____	Date: _____

**Smile Evaluation**

1. What is your main dental concern?  
 Overall good health and dental health maintenance  
or  
 Taking care of a current problem only
2. Would you like to keep and maintain your teeth for a lifetime? Yes  No
3. Is there anything that you would like to change about your teeth?
4. Would you like to be listed in our current files for cleaning, exam recall and other mailings? Yes  No
5. Are there any specific questions that you would like us to answer today?

**FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT**

I AUTHORIZE TREATMENT OF THE PERSON NAMED ABOVE AND AGREE TO PAY ALL FEES AND CHARGES FOR ME AND MEMBERS OF MY FAMILY SHOWN BY STATEMENTS, PROMPTLY UPON PRESENTATION THEREOF, UNLESS CREDIT ARRANGEMENTS ARE AGREED UPON IN WRITING. CHARGES SHOWN BY STATEMENTS ARE AGREED TO BE CORRECT AND REASONABLE UNLESS PROTESTED IN WRITING WITHIN 30 DAYS OF BILLING DATE. IN THE EVENT LEGAL ACTION SHOULD BE NECESSARY TO COLLECT AN UNPAID BALANCE DUE FOR DENTAL SERVICES RENDERED, I AGREE TO PAY REASONABLE ATTORNEY'S FEES OR OTHER SUCH COSTS AS THE COURT DETERMINES PROPER.

IT IS AGREED THAT THE PAYMENTS WILL NOT BE DELAYED OR WITHHELD BECAUSE OF ANY INSURANCE COVERAGE OR THE PENDENCY OF CLAIMS THEREON AND ALL PROCEEDS OF INSURANCE ARE ASSIGNED TO THIS OFFICE WHERE APPLICABLE, BUT WITHOUT THEIR ASSUMING RESPONSIBILITY FOR THE COLLECTION THEREOF (A COPY OF THIS ASSIGNMENT IS AS VALID AS THE ORIGINAL).

**NOTICE:** DO NOT SIGN THIS AGREEMENT BEFORE YOU READ AND AGREE TO THE CONDITIONS SET FORTH HEREIN. YOU ARE ENTITLED TO A COPY OF THE AGREEMENT AT THE TIME YOU SIGN. KEEP IT TO PROTECT YOUR LEGAL RIGHTS.

**AGREEMENT:** THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I AUTHORIZE THE CREDITOR OF HIS/HER AGENT TO MAKE A CREDIT INVESTIGATION, INCLUDING EMPLOYMENT VERIFICATION. I AGREE TO PAY INTEREST CHARGES AT A RATE OF 1 ½ % OF ALL BALANCES OVER 60 DAYS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Patient or Parent if a Minor)