



MARTIN DENTURES

A N D I M P L A N T S

PATIENT HISTORY INFORMATION

Name _____
First Middle Last

Sex ___M___F Date of Birth ___/___/___ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Email _____ Work Phone _____

Cell Phone _____ Home Phone _____

Emergency Contact _____
Name Phone

Name of Physician _____ City _____ State _____

Reason for today's visit _____

How did you hear about us? _____

Do you need our office to print a special statement of services for you to send to your insurance company? YES NO

Our Payment Policy

We gladly accept cash, care credit, and most major credit cards. Payment is due when treatment is rendered.

Medical History

Please indicate if you have ever had the following:

Yes No TMJ disorder or jaw joint problems?

Yes No Bleeding problems?

Yes No Bad reaction to anesthesia?

Yes No Allergic reaction to latex, foods or any medications such as penicillin or codeine? If so please list:

Yes No Heart attack, heart valve or other conditions? Rheumatic fever or murmur?

Specify: _____ when _____

Yes No Prosthetic joints such as hip or knees? If so when? _____

Yes No High or low blood pressure?

Yes No Circulatory problems?

Yes No Strokes? If so when? _____

Yes No COPD, tuberculosis, asthma or any lung problems?

Yes No Hepatitis or liver disease?

Yes No Diabetes or kidney problems?

Yes No Seizures or other neurological problems?

Yes No Immune system disorders or HIV?

Yes No Cancer? _____ chemo or radiation? When _____

Yes No List any diseases, disorders, or conditions you have or are being treated for not listed above:

Yes No Do you take blood thinners and/or aspirin?

Yes No Are you pregnant, nursing, or taking birth control?

Yes No Do you smoke, vape or use other forms of tobacco?

Yes No Do you use marijuana or illegal drugs? Are you in recovery?

Yes No Have you taken meds for osteoporosis or autoimmune therapy such as Boniva or Prolia?

List medications you take _____

To the best of my knowledge I have answered these questions correctly.

Sign

Date