Northern Arizona Endodontics
PATIENT INFORMATION

DATE _____

PATIENT (Ms., Mr., Mrs., Dr.) _____
(Last) (First) (M.I.) (Nickname)

MAILING ADDRESS _____
(Street) (City) (Zip)

HOME/CELL PHONE _____ EMAIL ADDRESS _____ SEX: M F

DATE OF BIRTH _____ Social Security Number _____

REFERRING DENTIST _____

EMPLOYER'S NAME _____ OCCUPATION _____

ALTERNATE CONTACT _____ RELATIONSHIP _____

HOME/CELL PHONE _____ WORK PHONE _____

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

NAME OF RESPONSIBLE PARTY _____
(Last) (First) (M.I.)

ADDRESS _____
(Street) (City) (Zip)

HOME PHONE _____ CELL PHONE _____ SEX: M F

S.S.# _____ EMPLOYER'S NAME _____

QUOTED FEES INCLUDE OFFICE VISITS, TREATMENTS, RECALL APPOINTMENTS, ANESTHETICS, X-RAYS, AND MEDICATIONS ADMINISTERED IN THE OFFICE. FEES MAY BE PAID IN THE FOLLOWING WAY (Please check one)
❒ TOTAL AMOUNT AT THE BEGINNING OF TREATMENT

❒ VISA ❒ MASTERCARD ❒ DISCOVER ❒ CHECK ❒ CASH ❒ PRE-APPROVED FINANCING

DENTAL INSURANCE INFORMATION

1ST DENTAL INSURANCE NAME _____ PHONE# _____

ADDRESS _____
(Street) (City) (Zip)

SUBSCRIBER NAME _____ DATE OF BIRTH _____ SUBSCRIBER ID _____

2ND DENTAL INSURANCE NAME _____ PHONE# _____

ADDRESS _____
(Street) (City) (Zip)

SUBSCRIBER NAME _____ DATE OF BIRTH _____ SUBSCRIBER ID _____

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO NORTHERN AZ ENDODONTICS, AND I ALSO AUTHORIZE THE DOCTOR TO RELEASE ANY INFORMATION REQUIRED TO PROCESS INSURANCE CLAIMS.

SIGNATURE _____ **DATE** _____
(Patient, or Parent/Guardian of Minor Patient)

PLEASE FILL OUT REVERSE SIDE ALSO

MEDICAL HISTORY

Please check any of the following which apply to you ***now or in the past***:

	YES	NO			YES	NO	
Heart failure	❒	❒	_____	Allergies or Hives	❒	❒	_____
Heart Disease or Attack	❒	❒	_____	Diabetes	❒	❒	_____
Angina Pectoris	❒	❒	_____	Thyroid Disease	❒	❒	_____
High Blood Pressure	❒	❒	_____	Pain in Jaw Joints	❒	❒	_____
Rheumatic Fever	❒	❒	_____	AIDS (HIV Positive)	❒	❒	_____
Congenital Heart Lesions	❒	❒	_____	Hepatitis C	❒	❒	_____
Mitral Valve Prolapse	❒	❒	_____	Hepatitis B (serum)	❒	❒	_____
Artificial Heart Valve	❒	❒	_____	Hepatitis A (infectious)	❒	❒	_____
Heart Pacemaker	❒	❒	_____	Liver Disease	❒	❒	_____
Heart Surgery	❒	❒	_____	Yellow Jaundice	❒	❒	_____
Bleeding Problems	❒	❒	_____	Drug Addiction	❒	❒	_____
Artificial Joint	❒	❒	_____	Venereal Disease	❒	❒	_____
Anemia	❒	❒	_____	Epilepsy or Seizures	❒	❒	_____
Bruise Easily	❒	❒	_____	Fainting or dizzy spells	❒	❒	_____
Sinus trouble	❒	❒	_____	Arthritis	❒	❒	_____
Asthma	❒	❒	_____	Cancer	❒	❒	_____

Any other diseases, problems, or disabilities? _____

Have you ever had a reaction to an anesthetic or drug such as Penicillin, Erythromycin, Novocaine, Codeine, Sulfa, Aspirin, etc or a reaction to Latex? _____

Medications taking at present _____

WOMEN: Are you pregnant? _____ If so what month? _____

ENDODONTIC TREATMENT LIMITATIONS

The purpose of endodontic treatment or root canal treatment is an attempt to save a tooth rather than removing it. Although treatment has a high degree of success, it cannot be guaranteed. Occasionally a tooth which has had root canal treatment may require re-treatment, surgery, or even extraction. Treatment is usually non-surgical procedure, but in some cases a surgical approach is necessary. Before any treatment is begun, the reasons(s) will be fully explained, including alternative modes of therapy and any possible complications involved. Occasionally, pre-medication may be indicated. This will be discussed in advance.

THE FEE WILL NOT INCLUDE A PERMANENT FILLING OR CROWN ON THE TOOTH. YOU MUST RETURN TO YOUR GENERAL DENTIST TO HAVE THAT TREATMENT COMPLETED.

I ACCEPT ALL RESPONSIBILITY FOR PAYMENT OR DENTAL SERVICES RENDERED AND AGREE TO PAY THE ACCOUNT IN FULL. SHOULD THIS ACCOUNT BECOME DELINQUENT, I AGREE TO PAY ALL COSTS OF COLLECTION AND/OR REASONABLE ATTORNEY'S FEES.

SIGNATURE _____ **DATE** _____
(Patient, or Parent/Guardian of Minor Patient)

PLEASE, let us know how you're feeling today!


CONFIDENT


OPTIMISTIC


HAPPY


CURIOUS


UNDECIDED

DRAW YOUR OWN?


CAUTIOUS


FRIGHTENED


ANXIOUS


PAINED


MISERABLE