

SOUTHERN ORAL SURGERY, LLP

APPOINTMENT WITH DR.

LANE

SILVIA

RESPONSIBLE PARTY INFORMATION

(Dr. Mr. Mrs. Ms.) _____
Street Address _____
City _____ State _____ Zip _____
Employer _____ Bus. Tel. _____
Home Phone _____ Cell _____
Social Security No. _____ Date of Birth _____
Relationship to Patient _____

PATIENT INFORMATION

(Dr. Mrs. Mr. Ms.) _____
Street Address _____
Home Phone _____ Social Security No. _____
Date of Birth _____ Age _____ Height/ Weight _____
Referred By _____ Patients Dentist _____
Do you have x-rays with you? _____ Did your DDS mail x-rays? _____
In Emergency Contact _____ Phone _____

INSURANCE MEDICAL

Name _____
Address _____
Tel. No. _____
ID# _____
Group # _____

INSURANCE DENTAL

Name _____
Address _____
Tel. No. _____
ID# _____
Group # _____

INSURED PARTY

Name _____
Address _____
Tel No. _____
SS# _____
Date of Birth _____
Relationship to patient _____

INSURED PARTY

Name _____
Address _____
Tel No. _____
SS# _____
Date of Birth _____
Relationship to patient _____

MEDICAL HISTORY

Date of last medical exam _____ Name of Medical Doctor _____
Have you been hospitalized in the last 2 years? _____
Are you now taking any medications? _____ If yes what? _____
Are you allergic to any medications? _____ If yes what? _____
Are you pregnant? _____ Are you allergic to Latex? _____
Have you ever had excessive bleeding requiring special treatment? _____
Have you ever been diagnosed with any of the following: Heart Trouble ___ Heart Murmur/ MVP ___?
High Blood Pressure ___ Rheumatic Fever ___ Asthma ___ Cough ___ Diabetes ___
Tuberculosis ___ Hepatitis ___ Jaundice ___ Stroke ___ Arthritis ___ Epilepsy ___
Psychiatric Treatment ___ Anemia ___ Cancer ___ Radiation Treatment ___ AIDS ___
Any other health problems _____
DATE: _____ SIGNED: _____