## **Financial and Insurance Protocol**

At our office, we believe that you deserve the best care possible. That's why we always present you with the best dental solution available to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits, but some do not. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know:

\_\_\_\_\_Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company directly.

\_\_\_\_\_We currently accept all private care insurance plans. This means that we work with literally thousands of companies. Although we can maintain computerized histories of payments by any given company, companies do change. It is impossible to give you a guaranteed quote at the time of service due to these changes. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE.** A balance on your account may exist occasionally due to the amount of payment our office received from your insurance company. You are then responsible for the remaining balance. We will be happy to file a "pre-treatment" with your insurance company if you would like to know your insurance benefit prior to treatment being performed. Keep in mind that this is not a guarantee of coverage.

\_\_\_\_\_We will bill your insurance as a courtesy. Our office reserves the right to request payment from you for the full amount for services if insurance does not pay within 90 days, and let you collect any insurance funds that are due to you. This is rare, but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Ultimately, you are responsible for all charges incurred in our office.

\_\_\_\_\_Bloomington Modern Dentistry does require payment in full at the time of service. We currently accept Master Card, Visa, Discover, American Express, Cash and Checks. We also work with Care Credit, a company which offers up to 12-month interest free payments with approved credit if you are in need of extended finance options. We reserve the right to charge a finance fee of 1.5% for accounts that are over 30 days due. Your account will be subject to collections if the balance is not paid within 90 days, and as a result, you will also be responsible for any collections fee incurred during the process.

\_\_\_\_\_A pre-determined amount of time is reserved specifically for you. Therefore, we strongly encourage all patients to keep their appointments. We require at least 48 hour notice to make any changes to your appointment. A \$35/hour fee will be applicable to any appointment that is broken/missed without proper notification to our office staff (emergencies are an exception). If you are unable to keep an appointment please call (309)662-5921 until you are able to reach someone in our office. We will not accept any message left on the voicemail as a notification of any changes to your appointment.

\_\_\_\_\_In the event of a dental emergency after regular business hours, a **\$35 emergency fee** will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged a **\$125 after hours emergency fee**.

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Entire Family Individual



Name:					MI	
Last		First				
Preferred Name:		<u>Date of Birth</u>	h:	//	//	
SSN:		<u>Gen</u>	nder:	Male	Female	
Address:						
Street	City			State		Zip
Contact Numbers:						
	Best Phone		Work Phone			
Do you have dental benefits?	Yes No	If Ye	es, pleas	e complete be	low:	
Policy Holder Name:						
Policy Holder DOB: /	/ Policy Ho	lder Social Secur	rity #:			
Policy Holder Employer:						
Insurance Company Name:						
Insurance Company Address:						
Insurance Company Phone Number:						

## Acknowledgement of Receipt of Notice of Privacy Practices

## I hereby acknowledge that I have received a copy of this office's Notice of Privacy Practices

Print Name:	_(Se	lf	Parent	Guardian)
Signature:				
Name of Patient:				
Date:				
Patient Contact: All calls regarding care and appointments provided to us to confirm and follow-up wi			le to the p	hone number
If you would like us to contact you at an al	ternate	nun	nber plea	se list it below:
Phone#:				
May we leave a message on your home voicemail?				
YesNo				
FOR OFFICE	USE O	NLY		
We attempted to obtain written acknowled Privacy Practices, but acknowledgement c	gemen	t of r	eceipt of	our Notice of
Individual refused to sign				
Communication barriers prohibited obtaining the	acknowl	edger	ment	
An emergency situation prevented us from obtai	ning ackı	nowle	dgement	
Other (Please Specify)				

Bloomington Modern Dentistry
Eaglesoft Medical History
Birth Date:

Patient Name:

Date Created:

Alzheimer's DiseaseYesNoDiabetesYesNoHepatitis AYesNoRecent Weight LossYesYesAnaphylaxisYesNoDrug AddictionYesNoHepatitis B or CYesNoRenal DialysisYesYesYesAnemiaYesNoEasily WindedYesNoHepatitis B or CYesNoRenal DialysisYesY	medication that you may	be taking, could	d have an important inter	elationship with	the dentistry you will reco	eive. Thank you	Ith problems that you may for answering the following	questions.
laperation? Have you ever had a serious head or neck injury? Have you ever had a serious head or neck injury? Are you take, or have you taken, Phen-Fen or Redux? Do you take, or have you taken, Phen-Fen or Redux? Yes © No Do you use, taken fossmax, Bonka, Actonel or any other medications containing bisphosphonates? Are you on a special diet? Orgon a special diet? Yes © No Do you use tobacco? Yes © No Pregnant/Trying to get pregnant? Pregnant/Trying to get pregnant	Are you under a physician's care now?		🔘 Yes (	No If yes	1			
heve you ever had a serious head or neck injury? Yes No If yes Are you taking any medications, pills, or drugs? Yes No If yes Are you taking any medications, pills, or drugs? Yes No If yes Are you take, or have you taken, Foarmax, Bonko, Actonel Or Yes No If yes Are you attaken, Foarmax, Bonko, Actonel Or Yes No If yes Are you an a special diet? Yes No Do you use tobacco? Yes No Article any of the following? Yes No Article any of the following? If yes No If yes Are you an a special diet? No State Foarma Yes No Article and Artylic Codeline Active any of the following? If yes No If yes Are you also got any of the following? Yes No If yes Are you also got any of the following? Yes No If yes Are you also got any of the following? Yes No If yes Are you also got any of the following? Yes No If yes Are you also got any of the following? Yes No If yes Are you also got any of the following? Yes No If yes Are you had, any of the following? Yes No If yes Aremia Yes No Ioug Addiction Yes No Ioug Addiction Yes No Ioug Addiction Yes No Hepatitis A Yes No Recent Weight Loss Yes Or Anaphylaxis Are Yes No Easily Winded Yes No Hepatitis A Yes No Recent Weight Loss Yes Or Arthritig/Out Yes No Easily Winded Yes No Hepatitis A Yes No Recent Weight Loss Yes Or Arthritig/Out Yes No Easily Winded Yes No Hepatitis A Yes No Recent Weight Loss Yes Or Arthritig/Out Yes No Easily Winded Yes No Hepatitis A Yes No Scale Forever Yes Or Arthritig/Out Yes No Easily Winded Yes No Hepatite Yes No Scale Forever Yes Or No Arthritig/Out Yes No Frequent HeadAcles Yes No Hepatite Yes No Scale Forever Yes Or No Frequent HeadAcles Yes No Hepatite Yes No Scale Forever Yes Or No Gravel Head Yes No Frequent HeadAcles Yes No Hepatite Yes No Scale Forever Yes Or No Gravel Head Yes No Frequent HeadAcles Yes No Hepatite Yes No Scale Forever Yes Or No Gravel HeadAcles Yes No Hepatite Yes No Scale Forever Yes Or Or Conserver Wes No Head Yes No Hepatite Aret Yes No Scale Forever Yes Or Or Conserver Wes No Frequent HeadAcles Yes No Hepaty Proviso Prosone Yes No Sc	571	pitalized or had	a major 💮 Yes 🖗	No If yes				
Do you take, or have you taken, Phen-Fen or Reduc? Yes No II yes		rious head or n	eck injury? 💮 Yes 🔅	No If yes		and the second se	. and	
Do you take, or have you taken, Phen-Fen or Reduz? Yes No II yes	Are you taking any med	ications, pills, o	r druas? 💮 Yes 🖗	No If yes				
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet? Do you use tobacco? Do you use tobacco? Presonal/Trying to get pregnant? Pregnant/Trying to get pregnant? Pregnant/Pregnant/Trying to get pregnant? Pregnant/Pregnant/Trying to get pregnant? Pregnant/Pregnant/Trying to get pregnant? Pregnant/Pregnant/Pregnant/Pregnant/Pregnant/Pregnant/Pregnant/Pregnant/Pregnant/Pregnant/Pregnant/Pregna								
any other medications containing bisphosphonates? Are you on a special diet? Yes No Do you use tobacco? Yes No forman: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? re you alergic to any of the following? Asprin Metal Latex Sulfa Drugs Codeine Acrylic Latex Sulfa Drugs Codeine Codeine Sulfa Drugs Codeine				5)	- Lass			
Are you on a special diel? Yes No Do you use tobacco? Yes No tomen: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? e you alergic to any of the following? Aspinin Penicillin Codeline Suffa Drugs Codeline Code Codeline Code Codeline Codeline Codeline Code Codeline Codeline Code Codeline Codeline Code Codeline Codeline Code Codeline Code Codeline Codeline Code Codeline Code Code Codeline Codeline Code Code Code Code Code Codeline Codeline Code Code Code Code Code Codeline Codeline Code Code Code Code Code Code Code Cod				O NO IT Yes				
Immen: Are you       Pregnant/Trying to get pregnant?       Nursing?       Taking oral contraceptives?         re you alergic to any of the following?       Apprint       Codeline       Acrylic         Aspirin       Nursing?       Codeline       Acrylic         Metal       Latex       Sulfa Drugs       Local Anesthetics         Other?       If yes       Local Anesthetics       Local Anesthetics         Do you use controlled substances?       Yes No       If yes       Radiation Treatments       Yes ON         Alzbeiner's Disease       Yes No       Cortisone Medicine       Yes No       Hemophilia       Yes No       Recent Weight Loss       Yes ON         Anaphylaxis       Yes No       Cortisone Medicine       Yes No       Hepatitis B or C       Yes No       Recent Weight Loss       Yes ON         Anaphylaxis       Yes No       Easily Winded       Yes No       Hepatitis B or C       Yes No       Recent Weight Loss       Yes ON         Anthritic/Col U       Yes No       Easily Winded       Yes No       High Blood Pressure       Yes No       Sicker Fever       Yes ON         Arthritic/Col U       Yes No       Excessive Bleeding       Yes No       High Cholesterol       Yes No       Singles       Yes ON       Singles       Yes ON				) No				
Pregnant/Trying to get pregnant?       Nursing?       Taking oral contraceptives?         Pregnant/Trying to get pregnant?       Penicillin       Codeine       Acrylic         Aspirin       Penicillin       Codeine       Acrylic         Metal       Latex       Sulfa Drugs       Local Anesthetics         Other?       If yes       Local Anesthetics       Codeine       Acrylic         Do you use controlled substances?       Yes No       If yes       Local Anesthetics       Yes No         AlZbriner's Disease       Yes No       Diabetes       Yes No       Hemophilia       Yes No       Radiation Treatments       Yes No         Anaphylaxis       Yes No       Diabetes       Yes No       Hepattis A       Yes No       Recent Weight Loss       Yes No         Angina       Yes No       Epilepsy or Seizures       Yes No       Hepattis B or C       Yes No       Rheumatic Fever       Yes No         Artificial Inter Yes No       Epilepsy or Seizures       Yes No       High Blood Pressure       Yes No       Sinder Cever       Yes No         Artificial Joint       Yes No       Frequent Diarthea       Yes No       Sinde Zever       Yes No         Blood Disease       Yes No       Frequent Northea       Yes No       Interepilea Weight N	Do you use tobacco?		🔘 Yes (	🖱 No				
re you allergic to any of the following? Aspirin Metal Pencillin Latex Sulfa Drugs Latex Acrylic Local Anesthetics Local Anesthetics Local Anesthetics Local Anesthetics Local Anesthetics Local Anesthetics Cover and the following? Cover and the following Yes No Cover an	/omen: Are you							
Aspirin       Penicillin       Codeine       Acrylic         Metal       Latex       Sulfa Drugs       Local Anesthetics         Other?       If yes	Pregnant/Trying to g	et pregnant?	🕅 Nursing	<b>]</b> ?		Taking or	al contraceptives?	
Image: Sulfa Drugs       Image: Local Anesthetics         Other?       If yes         Do you use controlled substances?       Yes No         If yes	re you allergic to any of t	the following?						
Other?       If yes         Do you use controlled substances?       Yes No       If yes         o you have, or have you had, any of the folowing?         ALDS/HJV Positive       Yes No       Dray of the folowing?         Alzheimer's Disease       Yes No       Dray Addiction       Yes No         Anaphylaxis       Yes No       Cortisone Medicine       Yes No       Hemophilia       Yes No       Rediation Treatments       Yes Yes O         Anaphylaxis       Yes No       Drug Addiction       Yes No       Hepatitis B or C       Yes No       Recent Weight Loss       Yes Yes O         Angina       Yes No       Emphysema       Yes No       Herpes       Yes No       Rheumatic Fever       Yes O         Arthritig/Gout       Yes No       Excessive Bleeding       Yes No       High Cholesterol       Yes No       Scarlet Fever       Yes O         Attificial Joint       Yes No       Frequent Cough       Yes No       Sinus Trouble       Yes O       Sinus Trouble       Yes O       Yes O         Blood Disease       Yes No       Gaucoma       Yes No       Storak (Intell Pres O       Sinus Trouble       Yes O       Yes O         Breathing Problems       Yes No       Gaucoma       Yes No       Storake (Intell Pres O)       Stora	Aspirin		Penicillin				Acrylic	
Do you use controlled substances?       Yes       No       If yes         Do you use controlled substances?       Yes       No       If yes         a Do you have, or have you had, any of the following?       Cortisone Medicine       Yes       No         All2/hIll/ Positive       Yes       No       Diabetes       Yes       No         Anaphylaxis       Yes       No       Drug Addiction       Yes       No       Hemophilia       Yes       No         Anaphylaxis       Yes       No       Easily Winded       Yes       No       Heapatitis B or C       Yes       No       Recent Weight Loss       Yes       Yes         Angina       Yes       No       Easily Winded       Yes       No       Heigh Blood Pressure       Yes       No       Rheumatic Fever       Yes       Yes       No         Arthritis/Gout       Yes       No       Excessive Bleeding       Yes       No       Hives or Rash       Yes       No       Sinus Trouble       Yes       Yes       Yes       No         Athritis/Gout       Yes       No       Fariting Spelk/Dizziness       Yes       No       Sinus Trouble       Yes       Yes       No         Blood Transfusion       Yes       No <t< td=""><td>Metal</td><td></td><td>Latex</td><td></td><td>Sulfa Drugs</td><td></td><td>Local Anesthetics</td><td></td></t<>	Metal		Latex		Sulfa Drugs		Local Anesthetics	
o you have, or have you had, any of the following? AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anthritis/Cout Yes No Arthritis/Cout Yes No Arthritis/Cout Yes No Arthritis/Heart Valve Yes No Blood Disease Yes No Blood Jisease Yes No Breathing Problems Yes No Concur Yes No Concurt Sea No Concurt Sea No Heart Attack/Failure Yes No Convulsions Yes No Heart Trouble/Disease Yes No Convulsions Yes	Other?			If yes			Contraction of the second	
AIDS/HIV Positive       Yes       No       Cortisone Medicine       Yes       No       Hemophilia       Yes       No       Radiation Treatments       Yes       No         Alzheimer's Disease       Yes       No       Diabetes       Yes       No       Hepatitis A       Yes       No       Recent Weight Loss       Yes       No         Anaphylaxis       Yes       No       Easily Winded       Yes       No       Hepatitis B or C       Yes       No       Recent Weight Loss       Yes       Yes       No         Angina       Yes       No       Explaysorma       Yes       No       High Blood Pressure       Yes       No       Rheumatism       Yes       No         Artificial Joint       Yes       No       Excessive Bleeding       Yes       No       Hiyes or Rash       Yes       No       Sickle Cell Disease       Yes       Yes       No         Altificial Joint       Yes       No       Frequent Cough       Yes       No       Kidney Problems       Yes       No       Singles       Sickle Cell Disease       Yes       Yes       No         Blood Disease       Yes       No       Frequent Headches       Yes       No       Leukemia       Yes       No       <	Do you use controlled s	ubstances?	💮 Yes (	No If yes				
Alzheimer's Disease       Yes       No       Diabetes       Yes       No       Hepatitis A       Yes       No       Recent Weight Loss       Yes       Yes         Anaphylaxis       Yes       No       Easily Winded       Yes       No       Hepatitis A       Yes       No       Recent Weight Loss       Yes       Yes       No         Angina       Yes       No       Easily Winded       Yes       No       Hepatitis B or C       Yes       No       Reumatic Fever       Yes       Yes       Yes       No         Artificial Heart Valve       Yes       No       Epilepsy or Seizures       Yes       No       High Blood Pressure       Yes       No       Scarlet Fever       Yes       Yes       Yes       Yes       No         Artificial Joint       Yes       No       Excessive Bleeding       Yes       No       High Cholesterol       Yes       No       Sinus Trouble       Yes       Yes       Yes       Yes       No         Blood Transfusion       Yes       No       Frequent Cough       Yes       No       Kidney Problems       Yes       No       Sinus Trouble       Yes       Yes       Yes       Yes       No         Blood Transfusion       Yes	o you have, or have you	had, any of the	following?					
Anaphylaxis       Yes       No       Drug Addiction       Yes       No       Hepatitis B or C       Yes       No       Renal Dialysis       Yes       Yes         Angina       Yes       No       Easily Winded       Yes       No       Hepatitis B or C       Yes       No       Rheumatic Fever       Yes       Yes         Angina       Yes       No       Emphysema       Yes       No       High Blood Pressure       Yes       No       Rheumatic Fever       Yes       Yes       Yes       No         Artificial Joint       Yes       No       Excessive Bleeding       Yes       No       Hypoglycemia       Yes       No       Sickle Cell Disease       Yes       Yes       No         Artificial Joint       Yes       No       Frequent Cough       Yes       No       Frequent Cough       Yes       No       Sickle Cell Disease       Yes       No         Blood Disease       Yes       No       Frequent Cough       Yes       No       Kidney Problems       Yes       No       Stomach/Intestinal Disease       Yes       Yes       Yes       No         Bruise Easily       Yes       No       Genital Herpes       Yes       No       Liver Disease       Yes       N			The second	🔘 Yes 🔘 No	Hemophilia	🔘 Yes 🔘 No	Radiation Treatments	🔘 Yes 🔘 N
AnemiaYesNoEasily WindedYesNoHerpesYesNoRheumatic FeverYesYesAnginaYesNoEpilepsy or SeizuresYesNoHigh Blood PressureYesNoRheumatismYesYesArthritis/GoutYesNoEpilepsy or SeizuresYesNoHigh CholesterolYesNoScarlet FeverYesYesArtificial JointYesNoExcessive BleedingYesNoHives or RashYesNoSinglesYesYesAsthmaYesNoFainting Spells/DizzinessYesNoHives or RashYesNoSinus TroubleYesYesBlood DiseaseYesNoFrequent CoughYesNoFrequent DiarrheaYesNoSinus TroubleYesYesBruise EasilyYesNoGenital HerpesYesNoLiver DiseaseYesNoStrokeYesYesCherotherapyYesNoGlaucomaYesNoLiver DiseaseYesNoStrokeYesYesYesCold Sores/Fever BistersYesNoHeart MurmurYesNoNoPain in Jaw JointsYesNoTuberculosisYes<	Alzheimer's Disease	🔘 Yes 🔘 No	Diabetes	🔘 Yes 🔘 No	Hepatitis A	🔘 Yes 🔘 No	Recent Weight Loss	🔿 Yes 💮 N
Angina       Yes       No       Emphysema       Yes       No       High Blood Pressure       Yes       No       Rheumatism       Yes       Yes         Arthritis/Gout       Yes       No       Epilepsy or Seizures       Yes       No       High Blood Pressure       Yes       No       Scarlet Fever       Yes       <	Anaphylaxis	🔘 Yes 🔘 No	Drug Addiction	🔘 Yes 🔘 No	Hepatitis B or C	🔿 Yes 🔘 No	Renal Dialysis	🔿 Yes 🔿 N
Arthritis/Gout       Yes       No       Epilepsy or Seizures       Yes       No       High Cholesterol       Yes       No       Scarlet Fever       Yes       Yes         Arthritis/Gout       Yes       No       Excessive Bleeding       Yes       No       High Cholesterol       Yes       No       Shingles       Yes       Yes       No         Artificial Joint       Yes       No       Excessive Thirst       Yes       No       Hypoglycemia       Yes       No       Shingles       Yes       Yes       Yes       No         Astma       Yes       No       Fainting Spels/Dizziness       Yes       No       Irregular Heartbeat       Yes       No       Sinus Trouble       Yes       Yes       Yes       Yes       No         Blood Disease       Yes       No       Frequent Cough       Yes       No       Leukemia       Yes       No       Stomach/Intestinal Disease       Yes       Yes       Yes       Yes       No         Brouber Easily       Yes       No       Gaucoma       Yes       No       Lung Disease       Yes       No       Swelling of Limbs       Yes       Yes       Yes       Yes       Yes       Yes       Yes       Yes       No	Anemia	🔘 Yes 🔘 No	Easily Winded	🔘 Yes 🔘 No	Herpes	Yes No	Rheumatic Fever	🔿 Yes 🔿 N
Artificial Heart Valve       Yes       No       Excessive Bleeding       Yes       No       Hives or Rash       Yes       No       Shingles       Yes       Yes       Artificial Joint       Yes       No       Excessive Thirst       Yes       No       Hives or Rash       Yes       No       Sickle Cell Disease       Yes       Y	Angina	🕙 Yes 🛞 No	Emphysema	💮 Yes 🔘 No	High Blood Pressure	🔘 Yes 🔘 No	Rheumatism	🔘 Yes 🔘 N
Artificial Joint          \begin{tabular}{lllllllllllllllllllllllllllllllllll	Arthritis/Gout	🔘 Yes 🔘 No	Epilepsy or Seizures	🔘 Yes 🔘 No	High Cholesterol	O Yes O No	Scarlet Fever	O Yes O N
Asthma       Yes       No       Fainting Spells/Dizzness       Yes       No       Irregular Heartbeat       Yes       No       Sinus Trouble       Yes       Yes         Blood Disease       Yes       No       Frequent Cough       Yes       No       Frequent Cough       Yes       No       Kidney Problems       Yes       No       Sinus Trouble       Yes       No         Blood Transfusion       Yes       No       Frequent Diarrhea       Yes       No       Frequent Headaches       Yes       No       Leukemia       Yes       No       Stomach/Intestinal Disease       Yes	Artificial Heart Valve	🔘 Yes 🔘 No	Excessive Bleeding	🔘 Yes 🔘 No	Hives or Rash	🔿 Yes 🕥 No	Shingles	🔘 Yes 🔘 N
Blood Disease       Yes       No         Blood Transfusion       Yes       No         Breathing Problems       Yes       No         Bruise Easily       Yes       No         Cancer       Yes       No         Chemotherapy       Yes       No         Chest Pains       Yes       No         Congenital Heart Disorder       Yes       No         Heart Murmur       Yes       No         Heart Trouble/Disease       Yes       No         Convulsions       Yes       No	Artificial Joint	🔘 Yes 🔘 No	Excessive Thirst	🔘 Yes 🔘 No	Hypoglycemia	🔘 Yes 🔘 No	Sickle Cell Disease	🔘 Yes 🔘 N
Blood Disease       Yes       No       Frequent Cough       Yes       No       Kidney Problems       Yes       No       Spina Bifida       Yes	Asthma	🔘 Yes 🔘 No	Fainting Spells/Dizziness	O Yes O No	Irregular Heartbeat	🔘 Yes 🔘 No	Sinus Trouble	O Yes O N
Blood Transfusion       Yes       No         Breathing Problems       Yes       No         Bruise Easily       Yes       No         Cancer       Yes       No         Chemotherapy       Yes       No         Chest Pains       Yes       No         Congenital Heart Disorder       Yes       No         Convulsions       Yes       No             Frequent Diarrhea       Yes       No         Genital Herpes       Yes       No         Glaucoma       Yes       No         Hay Fever       Yes       No         Congenital Heart Disorder       Yes       No         Heart Trouble/Disease       Yes       No         Yes       No       Yes       No         Heart Trouble/Disease       Yes       No         Heart Trouble/Disease       Yes       No         Yes       No       Yes       No         Heart Trouble/Disease <td>Blood Disease</td> <td>🕙 Yes 🔘 No</td> <td>Frequent Cough</td> <td>🔿 Yes 🔘 No</td> <td></td> <td>🔘 Yes 🔘 No</td> <td>Spina Bifida</td> <td>🔘 Yes 🔘 N</td>	Blood Disease	🕙 Yes 🔘 No	Frequent Cough	🔿 Yes 🔘 No		🔘 Yes 🔘 No	Spina Bifida	🔘 Yes 🔘 N
Breathing Problems       Yes       No         Bruise Easily       Yes       No         Cancer       Yes       No         Chemotherapy       Yes       No         Chemotherapy       Yes       No         Chest Pains       Yes       No         Congenital Heart Disorder       Yes       No         Convulsions       Yes       No	Blood Transfusion	🔘 Yes 🔘 No	Frequent Diarrhea	🔘 Yes 🔘 No		🔘 Yes 🔘 No	Stomach/Intestinal Disease	O Yes O N
Bruise Easily       Yes       No       Genital Herpes       Yes       No       Low Blood Pressure       Yes       No       Swelling of Limbs       Yes	Breathing Problems	🔘 Yes 🔘 No	And the second sec	O Yes O No	Liver Disease	🔘 Yes 🌑 No	Stroke	🔘 Yes 🔘 N
Cancer       Yes       No       Glaucoma       Yes       No       Lung Disease       Yes       No         Chemotherapy       Yes       No       Hay Fever       Yes       No       Mitral Valve Prolapse       Yes       No       Thyroid Disease       Yes       Ye								O Yes O N
Chemotherapy       Yes       No       Hay Fever       Yes       No       Mitral Valve Prolapse       Yes       No       Tonsillitis       Yes       Y	and a second	🔘 Yes 🔘 No	and the second se	O Yes O No	Lung Disease	🔘 Yes 🔘 No	and the second sec	🔿 Yes 🕥 N
Chest Pains       Yes       No         Cold Sores/Fever Bisters       Yes       No         Congenital Heart Disorder       Yes       No         Convulsions       Yes       No         Heart Trouble/Disease       Yes       No         Pain in Jaw Joints       Yes       No         Ulcers       Yes       Yes         Ves       No       Yes       Yes         Pain in Jaw Joints       Yes       Yes         Yes       No       Yes       Yes         Yes       No       Heart Trouble/Disease       Yes       No         Yes       No       Yes       No       Yes       Yes         Yes       No       Heart Trouble/Disease       Yes       No       Yes       Yes         Yes       Yes       No       Yes       No       Yes       Yes       Yes	Chemotherapy	100 CTU		🔘 Yes 🔘 No		🔘 Yes 🔘 No		⊙ Yes ⊙ N
Cold Sores/Fever Blisters       Yes       No         Congenital Heart Disorder       Yes       No         Convulsions       Yes       No         Heart Trouble/Disease       Yes       No         Parathyroid Disease       Yes       No         Psychiatric Care       Yes       No         Yes       Yes       Yes	Chest Pains	🔘 Yes 🔘 No	and the second	🔘 Yes 🔘 No		🔘 Yes 🔘 No	Tuberculosis	O Yes O N
Congenital Heart Disorder       Yes       No       Heart Pacemaker       Yes       No       Parathyroid Disease       Yes       No       Ulcers       Image: Second seco		s 🖱 Yes 🖱 No					Contras and Contrastoria	🔿 Yes 💮 N
Convulsions Ores No Heart Trouble/Disease Yes No Psychiatric Care Yes No Venereal Disease Yes Yes Yes Yes Yes Yes Yes Yes Yes Y	and the second of the second	and the second s					and the second	O Yes O N
	Convulsions	🔘 Yes 🔘 No	the second second	🔘 Yes 🔘 No		marchael construction		🔘 Yes 🔘 N
Have you ever had any serious illness not listed 💿 Yes 💿 No 🛛 If yes							Yellow Jaundice	O Yes O N
	Have you ever had any	serious illness r	not listed 🔘 Yes (	No If ye	5			

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian: