

MURRAY ORTHODONTICS

Simply Sensational Smiles

1 Fountain Avenue
Burlington Twp., NJ 08016
(609)387-1212

Patient Information

First Name: _____ Last Name: _____

Nickname: _____

Male Female

Birthdate: _____

Street Address: _____ City, State, Zip: _____

E-Mail: _____ Home Phone: (____) _____

Family Dentist Name & Address: _____ Last Visit: _____

Please List Siblings and their Birthdates: _____

Responsible Party Information

First Name: _____ Last Name: _____

Street Address: _____ City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Mobile Phone: (____) _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____

Insurance Information

Insurance Co. _____ Subscriber: _____ ID# _____

Secondary: _____ Subscriber: _____ ID# _____

Health Information

Yes No Have you ever been instructed to take antibiotics (pre-medication) prior to a dental visit?

Yes No Have you ever had a heart murmur or rheumatic fever?

Yes No Have you ever been treated for any heart condition, high blood pressure, or any prolonged illness such as diabetes, asthma, kidney disease, etc.?

Yes No Are you allergic to any medications (ie: penicillin) or materials (ie: latex)?

Yes No If you are a woman, are you pregnant?

Yes No Do you have any blood borne illnesses (Hepatitis, HIV, AIDS)?

Yes No Are you or have you during the past 2 years been under the care of a physician or do you have any reason to believe that you are not presently in good health?

Signature of Patient, Parent, or Guardian: _____ Date: _____

Whom may we thank for referring you to our practice? _____