

Have you had any serious illnesses or operations? If so, please list them along with the year.

Please list any medications you are currently taking:

Which pharmacy do you use? _____
Who is your physician? _____

When did you last see your physician?
____/____/____

Who is your former dentist? _____

When did you last see your dentist?
____/____/____

Please circle any of the following dental complaints that you experience:

- | | | |
|--------------------------------|-----------------------|--------------------------------|
| Bad breath | Bleeding gums | Clicking or popping jaw |
| Food collection between teeth | Grinding teeth | Loose teeth |
| Broken fillings | Periodontal treatment | Sensitivity to cold |
| Sensitivity to hot | Sensitivity to sweets | Sensitivity to pressure/biting |
| Sores or growths in your mouth | | |

Insurance Information

We are preferred providers for United Concordia, Delta Dental, & ODS (Oregon Dental Service).
We do not accept Medicare, Medicaid, Family Care, or OHP (Oregon Health Plan).
We will also gladly take any other dental insurance plan not listed above.

If you have insurance (including secondary insurances), please let us make a copy of your card.
Please make sure you have dental coverage. If you have any questions, please ask us.

Communications Consent

How would you like us to contact you to confirm your appointment? Please circle all that apply:
Home phone Work phone Mobile Phone Email Postcards

For enhanced charting, we are now incorporating pictures in the charts. This is for added security. Please note that these pictures are not disclosed to anybody and are used solely for charting purposes.

We now have videos available for your mouth's health on a wide variety of topics.
Please feel free to watch them at www.meharrydental.com!

Name: _____ Today's Date: ____/____/____

Signature: _____