



## Dental Recare Form

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last

First

MI

Address Change:  Yes  No Home Phone#: \_\_\_\_\_ Mom or Dad

If Yes, new address: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Mom or Dad

\_\_\_\_\_ Mobile Phone#: \_\_\_\_\_ Mom or Dad

Would you like to receive future "Appointment Confirmations" through email?  Yes  No

Email Address for Mom: \_\_\_\_\_

Email Address for Dad: \_\_\_\_\_

### Insurance Update

Insurance Name: \_\_\_\_\_ Insured Employer: \_\_\_\_\_

### Medical History

Has your child had any recent viruses or bacterial infections?  Yes  No

If yes, please describe: \_\_\_\_\_

Has your child been diagnosed with any medical conditions since your last visit?  Yes  No

If yes, please describe: \_\_\_\_\_

Is your child taking any medications / vitamins?  Yes  No

If yes, please list medications, dosage and reason: \_\_\_\_\_

\_\_\_\_\_

### Dental History

Would you like your child to receive a letter grade on their oral hygiene report card?  Yes  No

To reduce patient wait time, are you willing to see the first available dentist?  Yes  No

Have there been any dental concerns or problems since the last visit?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTIFY FRONT DESK IF YOU WILL BE LEAVING THE OFFICE DURING YOUR CHILD'S APPOINTMENT. WE MUST HAVE A CELL PHONE TO REACH YOU.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_