Welcome from the "Fum Doctor" Matthew Kale, D. M.	D Please complete the following important information.
PATIENT INFORMATION	DENTAL INSURANCE one choice
patient name	Who is the subcriber listed on the dental insurance policy?
address Apartment	Relationship to patientselfspousedependent _
cityzIP	Dental Insurance company
gendermale / female AGE:years	Insured's Identification Number
date of birth mo / day /yr	Insurance GROUP number
social security number	f benefitš: dates to or calender year.
Occupation	se covered by ADDITIONAL insurance? YesNo
EMPLOYER	If yes, list Subscriber name
EMPLOYER address	Subscriber date of birth mo /day /yr
EMPLOYER phone (570) e x t	Subscriber social security #
SPOUSE'S name	Subscribers business address
SPOUSE'S birth date	
	Subscriber INSURANCE company
SPOUSE'S social security number	GROUP number
SPOUSE'S employer	Teriou of veriefus, unics from
Tee for service is due at time procedure is performed.	menteriorie servicio di carelle in pega più 1906 inclueda a inflic
PHONE	NUMBERS
A. home phone (570) unlisted ?	E. Pager phone #
B. work phone (570) extension #	F. Cellular phone #
C. Best time and place to call	G. SPOUSE'S work number (570)
D. In the event of an emergency, call: (specify someone who do	pes NOT live in your household).
name phone (570) _	
DENTAL TREATMENT HISTORY	Fill-in or choose oneyesno.or.don't know.
Date of last dental visit? Reason for last visit	11 Do you have dental implants (titanium) at this time? yes no
2. Date last X'Ray (radiograph)/_ Last full set (14 X-Rays) ?/_	12 Do you have frequent headaches? yes no
B. Date of last teeth cleaning (prophylaxis)/ Scaling _/	13 Have your teeth "moved" during the last year? yes no
4. Do you already have an appointment for a dental cleaning? yes n	14 Do your teeth feel very different in the morning? yes no
5. Are your teeth very sensitive to hot or cold food? yes no	15 Date of last dental crown (tooth "cap") Which tooth?
3. Have you ever had gum surgery? yes no If yes when?	16 Date of last root canal Which tooth?
7. Did you bleed excessively after surgery ? yes no	17 Do you use tobacco ?yesno How much per day?
3. Have you had orthodontics ("braces")? yes no If yes when?	18 Amount of alcohol consumed daily, #(8 oz) drinks /day
Are you experiencing dental discomfort (pain) at this time? yes no	What is the reason for your visit today?
10. If you have pain where is it ?upper / lower front /back right /lef When does pain occur ?eatingsleeptalkalways For how long has it been hurting ?months.	L.

Alst or HIV infection Anthritis Bleediing abnormality Cancer Bleediing abnormality Cancer HIV Positive Hijp blood pressure Hijp or joint replacement Hijp blood pressure Hijp or joint replacement Hijp or joi		y n	dk			y n	dk		У	n
Arthritis Arthri	West of the second of the seco									
Artificial heart valve Ashma Bleeding abnormality Cancer Hilp blood pressure Hilp blood pressure Hilp of joint replacement Sinus problems Skin rash Skin rash Skelling of feet or ankles Swelling of feet or ankles Swell			111	A.R.				Rheumatic Fever		
Asthma Bleeding abnormality Chemical dependency Chemical dependenc	NAME OF STREET			ny Isti				Scarlet Fever		
Bleeding abnormality  Cancer  Cancer  HIV Positive  Jaundice  Jaundice  Jaundice  Jaw Pain  Cortisone treatment  Diabetes  Empltysema  Low blood pressure  Mitral Valve prolapse  Nervous problems  Cancer  Nervous problems  Low blood pressure  Mitral Valve prolapse  Nervous problems  Radiation treatments  Pacemaker  New on on. or. don't know  Wear Contact (eye) lenses  Now. or. don't know  If yes, please explain  It is important to list all current medications and drugs, in order to prevent side effects of drug interactions.  Some drug drug drug drug drug drug drug drug	The state of the s	los					Transition in	Tumor or growth (head or nee	ck)	
Cancer Chemical dependency Jaundice Jaw Pain Cortisone treatment Diabetes Diabetes Liver Disease Emphysema Low blood pressure Fainting or dizziness Epilepsy Nervous problem Pacemaker Psychiatric care Hedardaches Hedardache	Asthma				High blood pressure			Shortness of breath		
Circulatory problems Circulato	Bleeding abnormality				Hip or joint replacement			Sinus problems		
Jaw Pain   Swelling of feet or ankles   Swellen neck glands   Thyroid problems   Emphysema   Low blood pressure   Mitral Valve prolapse   Mitral Valve prolapse   Weight Loss, unexplained.   Wear Contact (eye) lenses   Wear C	Cancer			G. MINE	HIV Positive			Skin rash		
Kidney disease   Liver Disea	Chemical dependency			_ hali	Jaundice			Special Diet		
Diabetes Liver Disease Emphysema Fainting or dizziness Epilepsy Glaucoma Pacemaker Nervous problem Pacemaker Pacemaker Rediation treatments Liver Disease Epilepsy Glaucoma Pacemaker Pacemaker Rediation treatments Rediation treatments Liver Disease (VD) Weight Loss, unexplained. Wear Contact (eye) lenses Hearing Aide in ear Liver problem or condition, which is NOT identified above?yes no or don't know If yes, please explain Liver Disease (VD) Weight Loss, unexplained. Wear Contact (eye) lenses Hearing Aide in ear Liver problem or condition, which is NOT identified above?yes no or don't know If yes, please explain. List all current medications: such as antacids, anti-depressants, blood "thinners", aspirin, diet supplements, steroids, or others:  A	Circulatory problems	100		- 6	Jaw Pain	-		Swelling of feet or ankles		
Emphysema    Low blood pressure	Cortisone treatment			11.000	Kidney disease			Swollen neck glands		
Fainting or dizziness    Mitral Valve prolapse   Depleysy   Depleysy   Pacemaker   Pacemak	Diabetes				Liver Disease			Thyroid problems		
Nervous problem   Pacemaker	Emphysema				Low blood pressure			Tuberculosis (TB)		
Pacemaker   Pacemaker   Weight Loss, unexplained.   Wear Contact (eye) lenses   Pacemaker   Psychiatric care   Radiation treatments   Wear Contact (eye) lenses   Psychiatric care   Radiation treatments   Radiation	Fainting or dizziness				Mitral Valve prolapse			Ulcers		
Headaches Hearing Aide in ear Radiation treatments Wear Contact (eye) lenses Hearing Aide in ear Radiation treatments Wear Contact (eye) lenses Hearing Aide in ear Radiation treatments Wear Contact (eye) lenses Psychiatric care Radiation treatments Wear Contact (eye) lenses Psychiatric Contact (e	Epilepsy				Nervous problem		177	Venereal Disease (VD)		
Headaches Hearing Aide in ear  Radiation treatments  1. Do you have any other problem or condition, which is NOT identified above?yes no or. don't know  If yes, please explain  2. Has a physician said you have an allergy to codeine, erythromycin, latex, nickel (metals) Novocain, penicillin, or other things?Yesnodon't know If yes, please explain, including the date of diagnosis  3. List all current medications: such as antacids, anti-depressants, blood "thinmers", aspirin, diet supplements, steroids, or others?  A	Glaucoma		T		Pacemaker					23
Radiation treatments  1. Do you have any other problem or condition, which is NOT identified above?yesnoordon't know  1. If yes, please explain  2. Has a physician said you have an allergy to codeine, erythromycin, latex, nickel (metals) Novocain, penicillin, or other things?Yesnodon't know If yes, please explain, including the date of diagnosis  3. List all current medications: such as antacids, anti-depressants, blood "thinners", aspirin, diet supplements, steroids, or others?  A. MG per day  B. MG per day  C. MG per day  It is important to list all current medications and drugs, in order to prevent side effects of drug interactions. Some drug interactions can cause serious health problems.  4. Have you recently stopped any medications or drugs? yes no If yes, please explain.  5. Were you admitted to a hospital during the previous 12 months? yes no If yes, please explain.  6. Name of physician who knows you best  M.D. Address of physician: City  7. When was the last medical visit to this physician  9. Women: are you now pregnant or nursing?yesno(Do not write "") If yes, what is the "due date" or birth date  10. Please write name and location of your General Dentist  10. Please do not write below this line.  10. Please do not write below this line.  10. Office use only  11. Staff initials Note changes by section Pat.	Headaches				Psychiatric care					
If yes, please explain  2. Has a physician said you have an allergy to codeine, erythromycin, latex, nickel (metals) Novocain, penicillin, or other things?	Hearing Aide in ear				Radiation treatments					
If yes, please explain  I. Has a physician said you have an allergy to codeine, erythromycin, latex, nickel (metals) Novocain, penicillin, or other things?	. Do you have any oth	er pro	blen	or con	dition, which is NOT identi	fied abo	Ve? ves	no or don't know		
pharmacy Name	. List all current medic	ation	s: suc	ch as an	tacids, anti-depressants, blo	ood "thii	nners", as	spirin, diet supplements, steroids,		ners?
It is important to list all current medications and drugs, in order to prevent side effects of drug interactions. Some drug interactions can cause serious health problems.  Have you recently stopped any medications or drugs? yes no If yes, please explain.  Were you admitted to a hospital during the previous 12 months? yes no If yes, please explain.    Name of physician who knows you best	A.	ation	s: suc	ch as an	MG per day	<u>D.</u>	nners", as	spirin, diet supplements, steroids,	r day	iers?
It is important to list all current medications and drugs, in order to prevent side effects of drug interactions.  Some drug interactions can cause serious health problems.  Have you recently stopped any medications or drugs? yes no If yes, please explain.  Were you admitted to a hospital during the previous 12 months? yes no If yes, please explain.  Name of physician who knows you best	B.	ation	s: suc	ch as an	MG per day	<u>D.</u> <u>E.</u>	nners", as	spirin, diet supplements, steroids, MG ps MG pe	r day r day	ners?
M.D. Address of physician: City  When was the last medical visit to this physician ? Reason for visit  When was the last medical visit to this physician ? Reason for visit  Women: are you now pregnant or nursing ?yesno(Do not write "") If yes, what is the "due date" or birth date  Description of the above information is accurate and is to be kept confidential.    Note changes by section   Pat.   Staff initials   Note changes by section   Pat.	B. C. [pharmacy Name_	P		Alest Gift	MG per day MG per day MG per day location: (street, city)	<u>D.</u> <u>E.</u> <u>F.</u>	enta da	spirin, diet supplements, steroids,  MG pe  MG pe  MG pe	r day r day	hers?
When was the last medical visit to this physician? Reason for visit	B. C. [pharmacy Name_ It is in	mporta	nt to	list <u>all</u> cu	MG per day  MG per day  MG per day  location: (street, city)  prent medications and drugs, to the drug interactions can cause	E. E. in order to see serious	o prevent s : health pro	spirin, diet supplements, steroids,  MG pe  MG pe  MG pe  phone number  phone number  ide effects of drug interactions.	r day r day	hers?
Nomen: are you now pregnant or nursing?yesno(Do not write "") If yes, what is the "due date" or birth date	In the second of	mporta	nt to	list <u>all</u> cu Se medicati	MG per day  MG per day  MG per day  location: (street, city)  prent medications and drugs, if the predictions can cause one or drugs?  yes no	E. E. in order to se serious	o prevent s health pro	spirin, diet supplements, steroids,  MG pe  MG pe  MG pe  phone number  phone number  ide effects of drug interactions.  explain.	r day r day r day	hers?
Nomen: are you now pregnant or nursing?yesno(Do not write "") If yes, what is the "due date" or birth date	Ipharmacy Name_ It is in  Have you recently sto  Were you admitted	mporta	nt to any r	Someticati	MG per day  MG per day  MG per day  Location: (street, city)  Former medications and drugs, to the drug interactions can cause one or drugs?  yes no drugs ? yes no drugs the previous 12 months.	E. E. E. in order to se serious If ye this?	o prevent s health pro es, please e yes ne	spirin, diet supplements, steroids,  MG pe  MG pe  MG pe  phone number  phone number  ide effects of drug interactions. bblems. explain.  o If yes, please explain	r day r day r day	iners?
O. Women: are you now pregnant or nursing?yesno(Do not write "") If yes, what is the "due date" or birth date	Ipharmacy Name	opped to a l	nt to any t	Sometical during some some some some some some some some	MG per day  MG per day  MG per day  Location: (street, city)  Former medications and drugs, to the drug interactions can cause one or drugs?  yes no sing the previous 12 montherest	E. E. E. in order to se serious If ye this?	o prevent s thealth pro es, please o yes no	phone number  phone number ide effects of drug interactions.  o If yes, please explain  address of physician: City	r day	]
On Please write name and location of your General Dentist  Datient signature  All the above information is accurate and is to be kept confidential.  X	B. C.  [pharmacy Name _ It is in  It is in  It were you recently sto  It were you admitted  It was the last in  It was the last in	opped to a l	nt to any t 10sp know	sit all curs so you b	MG per day  MG per day	E. E. E. in order to se serious If ye this?	o prevent s thealth pro es, please of yes no	phone number  phone number ide effects of drug interactions.  o If yes, please explain  address of physician: City	r day	]
Please do not write below this line. Office use only  Reviewer of the above information:  Note changes by section  Pat. Staff initials Note changes by section	B. C.  [pharmacy Name _ It is in  I. Have you recently sto  I. Were you admitted  I. Name of physician  I. When was the last in  I. If you see a medical Sp	opped to a l	nt to any t nosp	list all cur Se medicati ital dur es you b sit to the	MG per day MG per day	E. E	o prevent s health pro es, please e yes no	phone number ide effects of drug interactions.  o If yes, please explain  Iddress of physician: City visit	r day	1
Please do not write below this lineOffice use only Reviewer of the above information : aff Note changes by section Pat. staff initials Note changes by section Pat.	B. C.  [pharmacy Name _ It is in  It is in  Were you admitted  Name of physician  When was the last in  If you see a medical Sp  Women: are you no	opped to a lewho hecialism	any to an	list all cur So nedicati ital dur is you b sit to the	MG per day  MG per day  MG per day  location: (street, city)  prent medications and drugs, a some drug interactions can cause ons or drugs? yes no sing the previous 12 months of the previous 12 months	E. E	o prevent s health pro es, please e yes no	phone number ide effects of drug interactions.  o	r day	
Please do not write below this lineOffice use only Reviewer of the above information : aff Note changes by section Pat. staff initials Note changes by section Pat.	B. C.  [pharmacy Name _ It is in  It is in  Were you admitted  Name of physician  When was the last in  If you see a medical Sp  Women: are you no	opped to a lewho hecialism	any to an	list all cur So nedicati ital dur is you b sit to the	MG per day  MG per day  MG per day  location: (street, city)  prent medications and drugs, and drug	E. E	o prevent s health pro es, please e yes no	phone number ide effects of drug interactions.  o	r day	1
Please do not write below this lineOffice use only  Reviewer of the above information :  aff Note changes by section Pat. staff initials Note changes by section Pat.	B. C.  [pharmacy Name _ It is in  Have you recently sto  Were you admitted  Name of physician  When was the last in  If you see a medical Sp  Women: are you no  O. Please write name a	opped to a lewho he medical sow pre	any 1 nosp	list all cur So medicati ital dur is you b sit to the o is he/sh t or nurs n of your	MG per dayMG per dayMG per daylocation: (street, city)verent medications and drugs, in the drug interactions can cause ons or drugs? yes no ring the previous 12 month of the previ	E. E	o prevent s health pro es, please e yes no A.D. A ason for yes, what	spirin, diet supplements, steroids,  MG pe  MG pe  MG pe  MG pe  MG pe  MG pe  phone number  ide effects of drug interactions.  oblems.  explain.  o If yes, please explain  dddress of physician: City  visit  is the "due date" or birth date  kept confidential.	r day	
Reviewer of the above information :  aff Note changes by section Pat. staff initials Note changes by section Pat.	B. C.  [pharmacy Name _ It is in  Have you recently sto  Were you admitted  Name of physician  When was the last in  If you see a medical Sp  Women: are you no  O. Please write name a	opped to a I who I medical secialism who look a look are also when the control of	any to any to any to any to al vi t, who al vi t, who al in the	list all cur So medicati ital dur is you b sit to the o is he/sh t or nurs n of your	MG per dayMG per dayMG per daylocation: (street, city)verent medications and drugs, in the drug interactions can cause ons or drugs? yes no ring the previous 12 month of the previ	E. E	o prevent s health pro es, please e yes no A.D. A ason for yes, what	phone number  phone number ide effects of drug interactions.  explain.  If yes, please explain  Iddress of physician: City  visit  is the "due date" or birth date  kept confidential.	r day	1
Reviewer of the above information :  aff Note changes by section Pat. staff initials Note changes by section Pat.	B. C.  [pharmacy Name _ It is in  It is in  It were you admitted  It were you admit you admitted  It were you admitted  It were you	opped to a I who I medical secialism who look a look are also when the control of	any to any to any to any to al vi t, who al vi t, who al in the	list all cur So medicati ital dur is you b sit to the o is he/sh t or nurs n of your	MG per dayMG per dayMG per daylocation: (street, city)verent medications and drugs, in the drug interactions can cause ons or drugs? yes no ring the previous 12 month of the previ	E. E	o prevent s health pro es, please e yes no A.D. A ason for yes, what	phone number  phone number ide effects of drug interactions.  explain.  If yes, please explain  Iddress of physician: City  visit  is the "due date" or birth date  kept confidential.	r day	]
atticle of angles by cooling and a	B. C.  [pharmacy Name _ It is in  It is in  It were you admitted  It were you admit you admitted  It were you admitted  It were you	to a I who I medicion cialis ow pre md loc	any to any to	list all cur So medicati ital dur is you b sit to the o is he/sh t or nurs n of your ne abov	MG per day  MG per day  Location: (street, city)  Interest medications and drugs, in the previous 12 months on the previou	D. E. E. F.  in order to see serious If yeaths?  A. ? Recorder "") If	o prevent s health pro es, please o yes no A.D. A ason for yes, what	spirin, diet supplements, steroids,  MG pe  MG pe  MG pe  MG pe  phone number  ide effects of drug interactions.  oblems.  explain.  o If yes, please explain  dddress of physician: City  visit  is the "due date" or birth date  kept confidential.	r day	]
	In the second of the above of the above second	ppped to a le who he medicalecialismow pre m	any to an	list all cur So medicati ital dur is you b sit to the is he/sh t or nurs in of your te abov	MG per day  MG per day  location: (street, city)  rrent medications and drugs, and drugs, and drug interactions can cause ons or drugs?  yes no ring the previous 12 month of the previous 12 month	D. E. E. F.  in order to see serious If years this?  A. ? Receive "") If	o prevent see health process, please of yes not asson for yes, what	spirin, diet supplements, steroids,  MG pe  MG pe  MG pe  MG pe  phone number  ide effects of drug interactions.  oblems.  explain.  o If yes, please explain  dddress of physician: City  visit  is the "due date" or birth date  kept confidential.	r day	]
	pharmacy Name	ppped to a le who he medicalecialismow pre m	any to an	list all cur So medicati ital dur is you b sit to the is he/sh t or nurs in of your te abov	MG per day  MG per day  location: (street, city)  prent medications and drugs, and drugs, and drug interactions can cause ons or drugs?  yes no ring the previous 12 month of the previous 12 month	D. E. E. F.  in order to see serious If years this?  A. ? Receive "") If	o prevent se health proces, please of yes no ason for yes, what	phone number  date =  kept confidential.  date =  confidential.  confidential.  confidential.	r day r day r day r day	
	It is in the series of the above aff Note change	ppped to a le who he medicalecialismow pre m	any to an	list all cur So medicati ital dur is you b sit to the is he/sh t or nurs in of your te abov	MG per day  MG per day  location: (street, city)  prent medications and drugs, and drugs, and drug interactions can cause ons or drugs?  yes no ring the previous 12 month of the previous 12 month	D. E. E. F.  in order to see serious If years this?  A. ? Receive "") If	o prevent se health proces, please of yes no ason for yes, what	phone number  date =  kept confidential.  date =  confidential.  confidential.  confidential.	r day r day r day r day	
	In the second of the above that I work of the above the second of the above that I work of the above the above the above the I work of the I	ppped to a le who he medicalecialismow pre m	any to an	list all cur So medicati ital dur is you b sit to the is he/sh t or nurs in of your te abov	MG per day  MG per day  location: (street, city)  prent medications and drugs, and drugs, and drug interactions can cause ons or drugs?  yes no ring the previous 12 month of the previous 12 month	D. E. E. F.  in order to see serious If years this?  A. ? Receive "") If	o prevent se health proces, please of yes no ason for yes, what	phone number  date =  kept confidential.  date =  confidential.  confidential.  confidential.	r day r day r day r day	