



2411 Penny Road Suite 204
 High Point, NC 27265
 Deepriverdentistry@gmail.com
 Deepriverdentistry.com

Patient Name:

Last _____ First _____ M _____ Preferred Name _____

Address _____

City _____ State _____ Zip code _____

Home _____ Mobile _____ Work _____ Best time to call: _____

- *Pre-Med- Amox
- *Pre- Med- Clind
- *Pre-Med- Other
- Allergies

Sulfa	Aspirin	Codeine	Erythro	Hay Fever
Latex	Clindamycin	Lidocaine	Penicillin	Other _____

- | | | | |
|--|---|--|---|
| <input type="radio"/> Dizziness | <input type="radio"/> High Blood Pressure | <input type="radio"/> Mental Disorders | <input type="radio"/> Radiation Treatment |
| <input type="radio"/> Blood Disease | <input type="radio"/> Liver Disease | <input type="radio"/> Pregnancy | <input type="radio"/> Sinus Problems |
| <input type="radio"/> Glaucoma | <input type="radio"/> Pacemaker | <input type="radio"/> Rheumatism | <input type="radio"/> Thyroid Problems |
| <input type="radio"/> Hepatitis | <input type="radio"/> Rheumatic Fever | <input type="radio"/> Thrombthilia | <input type="radio"/> Venereal Disease |
| <input type="radio"/> Kidney Disease | <input type="radio"/> Stroke | <input type="radio"/> Ucers | |
| <input type="radio"/> Other _____ | <input type="radio"/> Tumors | <input type="radio"/> Anemia | |
| <input type="radio"/> Respiratory problems | <input type="radio"/> Artificial Joints | <input type="radio"/> Asthma | |
| <input type="radio"/> Stomach Problems | <input type="radio"/> Coumadin | <input type="radio"/> Diabetes | |
| <input type="radio"/> Tuberculosis | <input type="radio"/> Excessive Bleeding | <input type="radio"/> Fainting | |
| <input type="radio"/> Epilepsy | <input type="radio"/> Heart Disease | <input type="radio"/> Heart Murmur | |
| <input type="radio"/> Head Injuries | <input type="radio"/> HV or AIDS | <input type="radio"/> Jaundice | |
| | | <input type="radio"/> Nervous Disorder | |

Medications taken:

Insurance Company: _____

Insurance Address: _____

Primary Hlder Name: _____

Group #: _____

DOB: _____

MemberID: _____

Signature: _____

