ADULT PATIENT INFORMATION

Date						
Patient's Name						
Address			First	Middle		
Stree	 et		City	State	Zip	
Mailing Address			•	Otate	Σip	
	Street		City	State	Zip	
How long at this ac	ddress?				•	
Previous address						
Cell phone		Em	nail addross			
Home phone						
Social Security #						
Employer						
Gender(circle)			capation		ars employed	
Marital status:			Widowed	Senarated	Divorced	
Maritai Status.	Olligio		************************************	_ Ocparated	Divorced	
Spouse's Name						
Employer		Oci	cupation	# ve:	ars employed	
EmployerC Social Security #						
Cell phone						
Whom may we tha			JRANCE INFOR			
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			Group#			
Insurance Co. clair				ουρ π		
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Do you have dual of						
Insured's Name_			Insured's Social Security#			
Insurance Compa						
Subscriber# / ID#						
Insurance Co. clair	ms mailing a	ddress				
		EMERGE	NCY INFORMA	TION		
Name of nearest re						
Phone						

MEDICAL HISTORY

lease circle Yes or No (If Yes, please fill in details) es No Are you taking any medication? es No Do you have a history of a major illness? es No Do you have a history of a major illness? es No Have you had any operations? es No Have you ad any operations? es No Have you seen a physician in the last 12 months? Why? es No Have you seen a physician in the last 12 months? Why? es No Have you seen a physician in the last 12 months? Why? emale patients only: es No Have you seen a physician in the last 12 months? Why? emale patients only: es No Have you seen a physician in the last 12 months? Why? emale patients only: es No Have major majo	Physici	an		Date of last visit Phone							
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Benefits of Orthodontics: Aesthetics, Health, and Function. Orthodontics is a service that provides an improvement in the	
appearance of teeth, in the general function of teeth, and in general dental health. Teeth, gums, and jaws are an intricate body	
part and can fail to respond to treatment. If good oral hygiene is not practiced, tooth decay and enlarged gums can result. Joint	
discomfort and root shortening are observed in a small percentage of cases. Teeth change throughout our lifetime and there can	l
be some movement of teeth and some change after treatment. I have read and understand this paragraph. I have truthfully	
answered all the above questions and agree to inform this office of any changes in my medical or dental history. In addition, I	
authorize Dr. Niaraki, Dr. Fadiani, Dr. Baquerizo, and Dr. Hostage to perform a complete orthodontic evaluation.	
Signature: Date:	