

Dr. Jack L. Gish & Associates, P.C.

General and Cosmetic Dentistry

85 North Street
Danbury, CT 06810

1700 Post Road
Fairfield, CT 06829

836 Farmington Avenue
West Hartford, CT 06119

Name _____ Date _____

Residence _____ Date of Birth _____

City _____ State _____ Zip _____ Home Phone () _____

Physician _____ City/Town _____ Business Phone () _____

Social Security # _____ - _____ - _____ Your Insurance Carrier _____

Your Occupation _____ Employer _____

Business Address _____

Whom can we thank for referring you to our office? _____

Medical History

1. Are you under any medical treatment now? (explain?) _____ YES NO
2. Have you had any major operations? If so, what? _____ YES NO
3. Do you have any prosthetic devices, including artificial joints, heart valves? YES NO
4. Have you had any adverse affects to any drugs including penicillin? YES NO
5. Have you had any adverse response to local anesthetic or nitrous gas? YES NO
6. Are you currently taking any medications or drugs? (list) _____ YES NO
7. Are you allergic to any materials that cause hives, asthma, eczema, etc? YES NO
8. Generally, are you in good health at this time? YES NO
9. Have any wounds healed slowly or prolonged bleeding complications? YES NO
10. Do you have any history of fainting? YES NO
11. Have you had any x-ray treatments (other than diagnostic)? YES NO
12. Are you pregnant? If so, what trimester? _____ YES NO
13. Do you have or have you had any of the following problems or diseases? YES NO

Please Circle

High Blood Pressure

Venereal Disease

Blood Disease

Rheumatism or Arthritis

Mitral Valve Prolapse w/ Valvular Regurgitation

HIV Positive or AIDS

Prosthetic Cardiac Valves

Diabetes

Previous Bacterial Endocarditis

Hepatitis, Jaundice. or Liver Disease

Heart Murmur

Rheumatic Fever

- | | | |
|---|-----|----|
| 14. Do you have pain near your ears? | YES | NO |
| 15. Do you have any unhealed injuries in or around your mouth? | YES | NO |
| 16. Do you have any inflamed areas in or around your mouth? | YES | NO |
| 17. Have you ever had any reactions or allergic symptoms to Novocain? | YES | NO |
| 18. Have you ever had any prolonged bleeding after an extraction? | YES | NO |
| 19. Do your gums bleed? | YES | NO |
| 20. Have you ever had instruction on how to brush your teeth properly? | YES | NO |
| 21. Have you ever had instruction on the care of your gums? | YES | NO |
| 22. Do you habitually clench your teeth during night or day? | YES | NO |
| 23. When was you last dental visit? _____ | | |
| 24. Is any part of your mouth sore to pressure or irritants (cold, sweets, etc.)? ... | YES | NO |
| 25. Do you presently have any dental complaints? | YES | NO |
| Please identify the area of concern _____ | | |
| 26. Are there areas of cosmetic dentistry that you would like the dentist to address? | YES | NO |

I certify that I have read and understand the questions above. I acknowledge that my questions, if any, about the inquiries set forth have been answered to my satisfaction. I will not hold my dentist, or any other member of his staff, responsible for any errors or omissions that I have made in the completion of this form.

Signature

Important Billing Notice

Payment in full for your dental services is required at the time of your visit unless you make other arrangements with us in advance. We will assist you in securing payment for these charges from your insurance company, but you should be aware that many dental policies pay a fixed allowance for certain procedures while others will only pay a percentage of the charge. You are responsible for the payment of any deductible amount, co-insurance, or other balance not paid by your insurance company for any reason.

If any bill is not paid within 90 days of the date it is mailed to you, your account will be turned over to a collection agency and assessed a 15% surcharge. You are responsible for all attorney fees, court costs and other costs of collection we incur in attempting to collect the balance you owe.

By signing below you acknowledge that you understand and agree to these terms.

Signature

If we can be of any further assistance or if you have any questions please do not hesitate to ask us. We thank you for your cooperation.

Dr. Jack L. Gish and Staff