CAROLINA DENTAL CARE WELCOME TO OUR OFFICE

				Today's Date	
Name				Date of Birth	S.S.#
	Last	First	M.I.	E-19 de la constante de la con	
Address				Marital Status	Sex
				Home Phone	
Place of	Employ	vment		Work Phone_	
		ouse/Parent			
T all Ivan	no or op	odoo/i dront			
Who ma	y we tha	ank for referring you to our offi	ce?		
Person r	respons	ible for payment of account_			
Dental In	nsuranc	e Company			
Medical	Physici	an's Name		Drug Store Na	me
		rgency Notify		THORE	MEDICAL ALERT
PATIE	NI WE	DICAL HISTORY			
☐Yes	☐ No	Are you under any Medical tr	eatment now?		
		If so, what?			
		Are you allergic to ANYTHIN		l alert) →	
Yes	□No	Have you had any major ope	rations?		CURRENT MEDICATION
DVoc	□ No	If so, what? Are you now taking drugs or med	Nications? (If so, list under Curr	ent Medications)	
		Have you ever had cancer or			
		Are you being treated or have			
103	7110	How many years?	you ever been treated for	Ostcoporosio.	
TYes	ΠNo	Have you ever taken Bisphos	- sphonates? (Fosamax, Zon	neta, Reclast?)	
		Have you received any dono			
		joint implants, or use a pacer	maker?		
Yes	□No	Are you currently taking bloo	d thinners?		
Yes	□No	Do you have to premedicate	with an antibiotic prior to d	ental visits?	
☐Yes	□ No	Have you ever had any of the	e following?		
		☐ Heart Ailment	☐ Any Liver Disease		
		☐ High Blood Pressure	☐ Any Kidney Disease		
		☐ Low Blood Pressure	☐ Any Stomach Disease		COMMENTS
		☐ Respiratory Disease	☐ Sexually Transmitted		COMMENTS
		□ TB	□ AIDS or AIDS related	disorders	
No. 1		Diabetes	Yellow Jaundice		
		☐ Rheumatic Fever	Hepatitis		
		☐ Arthritis	☐ Epilepsy or Seizures		
		☐ Tumors or Growths	□ Nervous Disorder		
		☐ Any Blood Disease☐ Any Bleeding Disorder	☐ Asthma ☐ Joint Replacement		
		☐ Other (Specify)			

PATIENT MEI	DICAL HISTORY					
☐Yes ☐ No	Do you or have you ever been told that you snore?					
☐Yes ☐ No	Have you ever had an accident involving your head or jaw?					
☐Yes ☐ No	Have you ever taken cortisone or steroids for a period longer than 2 w	eeks?				
	When? How long	g?				
☐Yes ☐ No	Are you allergic to any materials resulting in hives, asthma, eczema,	etc.?				
☐Yes ☐ No	Have you ever had sensitivity to costume jewelry or any type of metal sensitivity?					
☐Yes ☐ No	Have you had any wounds that healed slowly?					
Yes No	Do you use alcohol or drugs? How Often?					
☐Yes ☐ No	Do you use cigarettes, cigars, snuff, chewing tobacco? How Often?					
	How many years have you used tobacco?					
☐Yes ☐ No	Do you have any other problems not listed above?					
	Are you pregnant? If yes, what is your due date?					
☐Yes ☐ No	Have you gained or lost 20 pounds in the past year?					
MEDICAL HIST I certify that the	MEDICAL HISTORY RECERTIFICATION (Staff Use Only) I certify that there have been no changes in my health except as noted below.					
Date	Change	Signature				
CERTIFICATION: I certify that the answers given are correct to the best of my knowledge. I fully understand that my insurance benefit is an arrangement between myself and the insurance company and I am responsible for the entire balance. I understand I will be charged 1.5% interest monthly if my account is over 90 days. TREATMENT AUTHORIZATION: I hereby grant authority to the Carolina Dental Care who is in charge of the patient whose name appears on this health history form, to obtain any and all health information from any physician(s) and/or pharmacy(s), to administer any treatment and to administer such X-rays, anesthetics, sedatives, or nitrous oxide, and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient.						
X_ SIGNATUI	Deletienskin te	Potterst Pot				
I have received and/or read a copy of this office's Notice of Privacy Practices and Acknowledgement of Receipt of Notice of Privacy Practices						
X						
SIGNATURE Relationship to Patient Date						

CAROLINA DENTAL CARE

Dr. Spiguzza, Dr. Holly & Dr. Duffy 4004 Bayboro Street Loris, SC 29569

No Show/Cancellation Policy

This policy has been established to help us serve you better.

It is necessary for us to make appointments in order to see our patients as efficiently as possible. No-shows and late-cancellations cause problems that impact our patients and our practice. When an appointment is made and not kept, it takes an available time slot away from another patient. No-shows and late-cancellations delay the delivery of dental care to other patients.

A "no-show" is missing a scheduled appointment on the same day as an appointment.

A "late-cancellation" is canceling on the same day as an appointment. Leaving a message after hours on voice mail the night before or over the weekend for a Monday appointment is considered a late cancellation.

We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept and adequate notice is not possible. These situations will be considered on a case by case basis. We reserve the right to not reschedule your appointment.

A charge of \$25.00 will be assessed for each no-show or late-cancellation of an appointment.

Please understand that insurance companies consider this charge to be entirely the patient's responsibility.

	* ************************************	
(Print Name)	(Signature)	(Date)