

Welcome

Welcome

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Welcome To Our Practice

Barksdale and Hastings DDS
2606A Bens Branch Drive
Kingwood, TX 77339
281-358-3843

PATIENT INFORMATION

First Name: _____ M.I. _____ Last Name _____

Preferred Name: _____

Birth Date: ____ — ____ — ____ Social Security Number: ____ — ____ — ____ Sex: M or F

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Marital Status: Minor Single Married Divorced Widowed

Person Financially Responsible for this account: (If different than patient): _____

Phone: _____ Address: _____

Date of last Dental check-up _____ Referred by: _____

DENTAL INSURANCE INFORMATION

Name of Insured: _____ Relationship to patient: _____

Employer name: _____ Group # _____

Birth Date: ____ — ____ — ____ Social Security Number: ____ — ____ — ____ Subscriber ID: _____

Insurance Company: _____ Insurance company phone number: _____

Claim mailing address: _____ City: _____ State: _____ Zip _____

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PATIENT MEDICAL HISTORY

Physician _____ Office Phone _____

Date of last exam _____ Yes No

1. Are you currently under the care of a physician or been hospitalized in the last 5 years?-----

Explain: _____

2. Have you ever had prolonged bleeding from an injury of tooth extraction?-----

3. Are you taking any drugs, medications or vitamins at this time?-----

Please list below or provide a list or let us copy your current medication list

4. Are you allergic to any drugs, medications, latex or metals? (List) _____

5. Have you taken or are you currently taking Fosamax, Boniva, Actonel or other biophosphates?-----

When: _____ For how long: _____

6. Women only: Yes No

Are you Pregnant/Possibly Pregnant?

Are you Nursing?

7. Do you have any of the following conditions?

- | Yes | No | Yes | No | Yes | No |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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8. Do you have any Disease, Condition or Problem not listed above? _____

SIGNATURE _____ **Date** _____