

Eastern Orthodontics & Pediatric Dentistry

Pediatric Dentistry

General Dentistry

Orthodontics

Jasper L. Lewis, Jr., D.D.S., M.S.
Joseph M. Gondrez, D.M.D.
W. Lee Lewis, D.D.S.
Betsy K. Van Benthuisen, D.M.D.

James T. Casey, II, D.D.S.
Scott O. LaFevers, D.D.S.

John Q. Watson, D.D.S., M.Sc.O
W. Lee Lewis, D.D.S.

THE FOLLOWING INFORMATION & HISTORY ARE NECESSARY FOR ADEQUATE TREATMENT & UNDERSTANDING OF THE PATIENT. THANK YOU FOR COMPLETING IT IN FULL.

Patient's Name, Sex, Race, Date of Birth, Preferred Name, Age, Patient's Social Security #, Patient's Address, Home Phone #, Cell Phone #, Where Employed, Spouse's Name, Birthdate, Phone #, Phone numbers for confirmation of appointment, Who is responsible for the account, Family Dentist, Date of Last Cleaning, Address, Patient's Physician, Whom may we thank for referring you to our office: Doctor, Parent, Patient, Name of person referring patient, Address, City, State, Zip

MEDICAL HISTORY

YES NO Is the Patient in good health?
YES NO Does Patient have any history of major illness?
YES NO Has the Patient ever been under the care of a physician for illness?
Please list:

CHECK ANY OF THE FOLLOWING FOR WHICH THE PATIENT HAS BEEN TREATED:

- Diabetes, Rheumatic Fever, Asthma, Endocrine Problems, Fainting or Dizziness, Pneumonia, Anemia, Kidney Involvement, Blood Disorders, Nervous Disorders, Heart Trouble, Epilepsy, Liver Involvement, Bone Disorders, Tuberculosis, Other

YES NO Does Patient have a tendency to: Colds, Sore Throats, Ear Infections
YES NO Have tonsils and adenoids been removed? What age?
List any drugs or medications now being taken (give reasons):

List any allergies or drug sensitivity:
List any infectious diseases:

DENTAL HISTORY

YES NO Has there been injury to the face, mouth or teeth?
YES NO Does patient have any speech problems?
YES NO Is patient a mouth breather? While awake? While Asleep?
YES NO Has the patient been informed of any missing or extra permanent teeth?
YES NO Has an orthodontist been consulted previously?
YES NO Does the patient require antibiotic coverage for dental work?
YES NO Females only: Are you pregnant or trying to become pregnant?

List any musical instruments played:
Reason for consultation:

I agree to diagnostic procedures and dental treatments as found necessary and described by John Q. Watson, D.D.S., M.Sc.O. and W. Lee Lewis, D.D.S. for the patient named above. I will accept responsibility for this account or any part thereof should named responsible party fail to pay the full bill.

Signature of responsible party:
Dental assistant reviewing history Date