Burgess Dental
Dr. Bill Burgess ~ Dr. Louis Burgess

Date: _____

Patient Name: _____Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____Sex (M/F): _____ Marital Status _____
Cell Phone: _____ Home Phone: _____Work Phone: _____
Social Security # _____ Employer: _____
How did you hear about our office: _____ Relationship to patient? _____
Date of last dental exam _____ Former Dentist _____

RESPONSIBLE PARTY: (If different from patient)
Name: _____Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
Sex (M/F): _____ Phone #(s): _____Social Security # _____
Employer: _____

DENTAL BENEFIT INFORMATION:

Primary Dental Ins. Yes____ No ____
Policy Holder's Name _____
Policy Holder's Employer _____
Policy Holder's SS# _____DOB_____
Name of Insurance Company _____
Policy ID# _____Grp# _____

Secondary Dental Ins. Yes____ No ____
Policy Holder's Name _____
Policy Holder's Employer _____
Policy Holder's SS# _____DOB _____
Name of Insurance Co. _____
Policy ID# _____ Grp # _____

Medical History

Y N **CONDITIONS**			Y N **ALLERGIES**
□ □ Anemia	□ □ Emphysema	□ □ Pace Maker	□ □ Aspirin
□ □ Arthritis	□ □ Epilepsy	□ □ Psychiatric Problems	□ □ Codeine
□ □ Artificial Bones or Joints	□ □ Fainting Spells	□ □ Radiation Therapy	□ □ Dental Anesthetics
□ □ Artificial Heart Valve	□ □ Fever Blisters	□ □ Seizures	□ □ Erythromycin
□ □ Blood Transfusion	□ □ Glaucoma	□ □ Shingles	□ □ Iodine
□ □ Cancer—Chemotherapy	□ □ HIV+ AIDS	□ □ Sickle Cell Disease	□ □ Jewelry
□ □ Colitis	□ □ Hay Fever	□ □ Sinus Problems	□ □ Latex
□ □ Congenital Heart Defect	□ □ Heart Attack/Surgery	□ □ Stroke	□ □ Metals
□ □ Cosmetic Surgery	□ □ Hepatitis	□ □ Thyroid Problems	□ □ Penicillin
□ □ Diabetes	□ □ High Blood Pressure	□ □ Tuberculosis	□ □ Tetracycline
□ □ Difficulty Breathing	□ □ Kidney Problems	□ □ Ulcers	□ □ Other:
□ □ Drug Abuse	□ □ Liver Disease	□ □ Abnormal Bleeding/Hemophila	_____
	□ □ Low Blood Pressure	□ □ Asthma/Allergies/Hay Fever	_____
	□ □ Mitral Valve Prolapse		_____

** List medications you are presently taking: _____
_____
_____
_____