



Thank you for choosing Atlanta Dentures for your oral health needs.

### Contact Information

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/Female

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

House Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouses Contact Number: \_\_\_\_\_

Name of Emergency Contact (not in household): \_\_\_\_\_

Number of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

### Health History

Do you have a history of:

A.I.D.S/HIV Positive ☐ Yes ☐ No

Alcoholism ☐ Yes ☐ No

Anemia ☐ Yes ☐ No

Arthritis ☐ Yes ☐ No

Artificial Joints ☐ Yes ☐ No

Asthma ☐ Yes ☐ No

Blood Disease ☐ Yes ☐ No

Bone Disease ☐ Yes ☐ No

Cancer ☐ Yes ☐ No

Chemical Dependency ☐ Yes ☐ No

Chest Pain ☐ Yes ☐ No

Circulatory Problems ☐ Yes ☐ No

Congenital Heart Lesions ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No

Excessive Bleeding ☐ Yes ☐ No

Epilepsy ☐ Yes ☐ No

Fainting/Dizziness ☐ Yes ☐ No

Glaucoma ☐ Yes ☐ No

Head injuries ☐ Yes ☐ No

Hearing Impaired ☐ Yes ☐ No

Heart Disease ☐ Yes ☐ No

Heart Valve, Murmur ☐ Yes ☐ No

Hepatitis, Type: \_\_\_\_\_ ☐ Yes ☐ No

Liver Disease ☐ Yes ☐ No

High Blood Pressure ☐ Yes ☐ No

Hip or Joint replacement ☐ Yes ☐ No

HPV ☐ Yes ☐ No

Jaundice ☐ Yes ☐ No

Kidney Disease ☐ Yes ☐ No

Kidney Dialysis ☐ Yes ☐ No

Latex Sensitivity ☐ Yes ☐ No

Liver Disease ☐ Yes ☐ No

Low Blood Pressure ☐ Yes ☐ No

Mitral Valve Prolapse ☐ Yes ☐ No

Neck & Back Problems ☐ Yes ☐ No

Nervous Problems ☐ Yes ☐ No

Pacemaker ☐ Yes ☐ No

Psychiatric Care ☐ Yes ☐ No

Radiation Treatment ☐ Yes ☐ No

Respiratory Problems ☐ Yes ☐ No

Rheumatic Fever ☐ Yes ☐ No

Scarlet Fever ☐ Yes ☐ No

Sinus Problems ☐ Yes ☐ No

Stroke ☐ Yes ☐ No

Thyroid Disease ☐ Yes ☐ No

Tonsillitis ☐ Yes ☐ No

Tuberculosis ☐ Yes ☐ No

Tumors or growths ☐ Yes ☐ No

Ulcers ☐ Yes ☐ No

Venereal Disease ☐ Yes ☐ No

Weight loss, unexplained ☐ Yes ☐ No

## Medical Questions:

Are you taking or have you ever taken bisphosphonate medications? (Fosamax, Actonel, Atevlvia, Bonvia, etc are for osteoporosis, chemotherapy, etc) ☐ YES ☐ No

Have you ever taken or currently taking any of the group of drug collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine). ☐ YES ☐ No

Do you smoke or chew tobacco? ☐ YES ☐ No

Have you had Heart Surgery? ☐ YES ☐ No

Are you now under the care of an MD? ☐ YES ☐ No

Are you in good health? ☐ YES ☐ No Date of last medical exam: \_\_\_\_\_

List any medications you are taking including nonprescription drugs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medications? ☐ YES ☐ No If yes, please list below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized? ☐ YES ☐ No If yes, what was the problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any disease/problem you think we should know about? ☐ YES ☐ No

\_\_\_\_\_  
\_\_\_\_\_

### *For Women Only:*

Are you pregnant? ☐ YES ☐ No

Expected delivery date: \_\_\_\_\_

Do you suspect you could be pregnant? ☐ YES ☐ No

Are you breastfeeding? ☐ YES ☐ No

Do you take birth control? ☐ YES ☐ No **Please Note:** Antibiotics (such as penicillin, amoxicillin, etc) may alter the effect of birth control pills. Consult your physician/gynecologist for assistance regarding additional methods of birth control.

### *Insurance*

We do not accept dental insurance. You will be excited to find that the usual increased fees that are necessary when insurance companies are involved have been eliminated. Most of our patients do have insurance, however, they find that our reasonable fees are typically less than you would have paid with insurance coverage. Our office will be happy to help generate an insurance claim form for you to be reimbursed by your insurance company. Reimbursement is between you and your insurance company and our office is not involved in the settlement. Payments should be distributed solely to you by your insurance company.