Today's Da	te.	
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Welcome To Our Dental Office!

Kevin R. McMahon, D.M.D. • D. Gordon Gutman, D.M.D. 155 Barnwood Drive, Suite 1 • Edgewood, KY 41017 • (859) 331-3400

1. The Patient	t				
Name		Preferred Name			
			Zip		
			Phone		
Employer					
How Long Employed?	Occupation				
Spouse's Name					
			nber		
Whom to notify in case of eme.	rgency				
Address		Phone			
Name of Pharmacy		Phone			
Who referred you to our office					
If patient is a student, name of	school/college				
Are you pregnant? Y	N If yes, when are you due	e?			
Anemia, High/Low Blood Press Rheumatic Fever, Stroke, Sinus Spells, AIDS/HIV Positive, Ve. Transplants, Healing Complica Allergic to: Penicillin, Codeine, Do you have a latex allergy? Do you use tobacco? Y Do you need premedication with Are you taking any medication	Excessive Urination and/or Thirsure, Heart Disease, Heart Murs Trouble, Asthma, Respiratory nereal Disease, Psychiatric or Cations, Prolonged Bleeding, Bloc Local Injected Anesthetics, Ot Y N The An antibiotic? Y N The Solution of the Street Str	mur, Mitral Valve Pr Diseases, Tuberculos ancer Treatment, Art od Transfusions Prior ther Medications	rolapse, Congenital Heart Lesions sis, Epilepsy, Seizures, Fainting hritis, Joint Replacements, Othe to 1986, Glaucoma		
If Yes, what medication(s) are your Surgeries? What type and when	ou taking?				
	GIVEN TODAY IS CORRECT T T INFORM THIS OFFICE OF A				
C:		Date			

3. Dental History

Why are you here today?						
Is there anything that you would like for us to specifically add	ress?					
Are any of your teeth sensitive to:						
Heat Y N Cold	Y	N				
Biting Pressure Y N Sweets	Y	N				
Are you currently experiencing any dental pain?	Y	N				
Does food catch in your teeth?	Y	N				
Have you ever had any teeth extracted?	Y	N				
Do your gums bleed when brushing or flossing?	Y	N				
Do you want to talk about having your silver/mercury fillings replaced with porcelain fillings?	Y	N				
If there were a simple, inexpensive way to whiten your teeth, would you be interested?	Y	N				
We provide sedation dentistry for anxious patients. Would you be interested?	Y	N				
Do you feel you may someday wear dentures?	Y	N				
Do you have frequent headaches?	Y	N				
Do you clench or grind your teeth while awake of asleep?	Y	N				
Have you noticed any loosening of the teeth?	Y	N				
When did you last see a dentist?						
Why did you leave your last dentist?						
Do you want to discuss the appearance of your smile?	Y	N				
4. Insurances						
If you have insurance, do you want us to stay within the maxin	mum	n of your plan? Y N				
Primary Dental Insurance		and the second s				
Insured's Name Birth Date		SS#				
Employer Group Plan Po						
	Phone					
Insurance Company Address						
Secondary Dental Insurance						
Insured's Name Birth Date						
	r Group Plan Policy Number					
Insurance Company Phone						
Insurance Company Address						
Would you like to hear about financing options such as	payi	ing for dentistry over several months? Y N				
FINANCIAL RESPONSIBILITY, ASSIGNMENT OF INSURA I have insurance coverage as listed above and assign to Kevin R. insurance benefits for services rendered. I am financially resp If I do not have insurance, I agree that I am responsible for chargelease all information necessary to secure payment. I authorize the	Mclonsil onsil ges ir e use o	Mahon, D.M.D. or D. Gordon Gutman, D.M.D. any ble for all charges whether paid by insurance or not. ncurred during my treatment. I authorize the doctor to of this signature on all insurance forms.				
Signature Date						