

Glenrose Park Dental Office

NEW PATIENT CONTACT REPORT

Name _____

Address _____

Telephone No. _____

How did you hear about our dental office? _____

When did you last see a dentist? _____

What is the name of the dentist? _____

Telephone number of dentist: _____

What was done for you at that time? _____

Is there any reason for you to take antibiotics before your cleanings? Yes No

If yes, explain: _____

Physician's name and telephone number _____

- ☐ Authorization to release records completed and signed by patient
- ☐ Patient to arrive 15 minutes prior to scheduled appointment time to fill out Medical/Dental History forms
- ☐ Explained Financial and Appointment policies

Remind patient to bring insurance booklet and insurance card to appointment

INFORMATION FROM PREVIOUS DENTIST

When was the last recall exam done? _____

When was the last bitewings taken? _____

Ask to transfer if taken within the last year _____

When was the last PAN or full mouth series taken? _____

Ask to transfer if taken within the last 3 years _____

When was the last NPE done? _____

Was the patient seen at your dental office this year for any dental treatment (fillings, RCT, major work)? YES NO What was done? _____