CONFIDENTIAL PATIENT INFORMATION

SIGNATURE OF PERSON RESPONSIBLE FOR ACCOUNT

Dr. J.C. Wolfe, D.D.S. 300 Hickman Road, Suite 201 Charlottesville, Va. 22911 434-923-0303

Please complete all spaces on this form

Ask your receptionist for assistance			Date:
PATIENT INFORMATION			
Patient			
NameLast	First	Middle	Nickname
Date of Birth	SexM _	F Marital Status	SSN
Referred by	E-Ma	il	
Name of Person Responsible for Accou	unt (person must be present)		DOB
Address:			
Address.	Street City	State	Zip
Phone(s): home	ecell	SSN	
If Patient is a Minor – Name of Parent(s	s):		
	Last	First	Middle
	Last	First	Middle
Employer (Patient or Parent)		Employer (Spouse or Parent)	
Name:		Name:	
Company:		Company:	
Address:		Address:	
Phone:		Phone:	
Occupation:		Occupation:	
Dental Insurance Information (Pa	tient or Parent)	Employer (Spouse or Parent)	
Insurance Company		Insurance Company:	
Address:		Address:	
ID#:		ID#	DOB
Policy #		Policy#	
Is Insurance Primary	Secondary?	Is Insurance Primary	
Copied Ins. Card? Yes No		Copied Ins. Card? Yes No	
Name of nearest relative not living wit	n you		
Address:		Phone:	
Name of person to notify in case of Eme	rgency	Phone	
Address:		Phone:	
Drug Reactions: This signature authorizes the practice to release		Allergies: rtifies that the information on this registration form is con	rect and that, if insured, the benefits are assigned
directly to this practice.			
		Date:	

DENTAL HEALTH

	Signatu
ever considered sedation dentistry?:	lave you
보내는 경에 보기를 받는 때 사람들이 되었다. 그 사람들은 사람들이 되었다면 하는데 되었다.	
ever had an unpleasant dental experience?	чале уоц
ever had an unpleasant dental experience?	
nything you would like to change about your smile?	s there an
ve any food traps?	o you ha
e you ever considered replacing them? ve any food traps?	not, have
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had your "wisdom" teeth removed? e you ever considered replacing them? ve any food traps? ything you would like to change about your smile?	have you have you have you have
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ve frequent headaches? ever had braces? had your "wisdom" teeth removed? be you ever considered replacing them? ve any food traps? ve any food traps?	oo you use lave you ha have you h not, have not, have s there an
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ws ever feel tired or ache? Solick or pop? Tobacco products? How often at the adaches? How often at the adaches? Earaches? Earaches? How often ada braces? Earaches? Earaches? Earaches? Earaches? Earaches? Prod your "wisdom" feeth removed? Earaches? Earaches? Earaches? Earaches? Earaches?	to your gu
ims bleed while cleaning? Do your gums ever feel tender or swollen? We ever feel tired or ache? Earaches? How often e you ever considered replacing them? Prod your "wisdom" teeth removed? Any complications? Earaches? Any complications? Pow often Pow of traps?	What do your gu yo your gu yo your jan yo you han have
you use to clean your teeth? Ima bleed while cleaning? Inch or grind your teeth? Inch or grind your teeth removed? Inch or grind your teeth your teeth your smile?	Vhat do y Vhat do y Vour gu Vo your jav Vo you hav Vo you hav Vo you hav Vo you hav Vo you hav Vo you hav Vo you have

N H O H M H A H