Ridge Road
Family Dentistry

Address : 5752 Ridge Rd, parma, oh 44129

All information is confidential and will remain with this office. The dental administration staff is available to help you complete any portion of this form. Full completion of the forms will allow us to provide you with the highest standard of dental care. Thank you for your co-operation.

REGISTRATION INFORMATION

Dr. / Mr. / Mrs. / Ms. / Miss:_____

Date of Birth:_____ Age:_____

ADDRESS:_____
(Street) (Apt/Unit#) (City) (Prov) (Postal Code)

Home Phone: ( )_____ E-Mail: _____

Bus. Phone: ( )_____ Ext_____ Employer:_____

Cell Number: ( )_____

Do you have Dental Insurance?_____ Name of policy holder?:_____

Employer of individual subscriber:_____ Date of Birth of policy holder: _____
M/ D/ Y

Name of insurance Company:_____

Group/Policy #_____ Certificate/ID#_____

Is there Secondary/Co- insurance? If yes, Name of policy holder?:_____

Employer of individual subscriber:_____ Date of Birth of policy holder: _____
M/ D/ Y

Name of insurance Company:_____

Group/Policy #_____ Certificate/ID#_____

Do you have or have had any of the following? Please indicate by circling:

- heart problems / surgery pacemaker
- chest pain
- excessive bleeding fainting / dizziness
- blood disorders
- high / low blood pressure anemia
- sinus problems
- asthma / emphysema lung / breathing problems surgery in hospital
- organ transplant /medical implant
- diabetes
- kidney problems
- hepatitis / liver problems rheumatic / scarlet fever epilepsy / seizures
- measles / mumps / chicken pox thyroid disease
- ulcers / stomach problems stroke / paralysis
- arthritis / gout
- circulation problems artificial joints (e.g. hip, knee)
- pregnancy (months?____)
- strep throat
- tonsillitis
- tuberculosis
- transmittable diseases venereal disease, herpes HIV / AIDS
- contagious diseases anxiety problems psychiatric problems steroid therapy
- cancer / tumors
- radiation or chemotherapy