Alamo Springs Dental Returning Patient Form Welcome Back! Please Provide Updated/New Information Below.

est Phone Number :		Email:		
ny Changes to your ho	ome address? YES or No	O , If yes please list n	new address below :	
o you have <u>new</u> dental		, If <u>yes</u> , please Nam		_Σιαι <u>σ</u> Σμ
It is <u>OK</u> to be contacte	d about appointments and I	eave messages in rega	ards to treatment via (CIRCLE ALL THAT APPLY):
HOME PHONE	CELL PHONE	FAX	TEXT MESSAGE	EMAIL
. I <u>allow</u> you to give	my clinical information	to or answer ques	stions from (<i>check</i>	all that apply):
☐ Spouse ☐Parent	Child	☐Other (specify)		
ave been given the opportur amed at the front desk.)	, hereby ackr ity to ask any questions I may	nowledge that I have red y have regarding this No	ceived/read a copy of Al tice. (See the Privacy N	amo Springs Dental's Notice of Privacy Practices. I Notice laminated pages at the end of patient forms or
Sign Name Abov	e			Date
Pain	Cavitie		Teeth Cleani	ng
eeth Whitening	Missing Teeth	Jaw I	Pain	
eeth Whitening Braces	Missing Teeth Teeth Sensitivit		r:	
	Teeth Sensitivit			
Braces Medical History Update 1. Have there be	Teeth Sensitivit	ty Other	r: ES OR NO	
Medical History Update 1. Have there be 2. Please List ar	Teeth Sensitivit	medical history? Y	ES OR NO rately:	
1. Have there be 2. Please List ar Have you had	Teeth Sensitivites een any changes in your by new medications or any any new operations si	medical history? Y	ES OR NO rately:	

