## **Patient Registration**

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		Address:				
			Pager:			
		Ext.: Cell:				
	Marital Status:  Married					
Birth Date:	Age:	_ Soc. Sec.: .				
<b>Employment Status</b>						
☐ Full Time ☐ Part Time	☐ Retired					
College Student Status:   Fu	Il Time					
Name of School:	Ad	dress:				
	Contact:					
Responsible Party (if so	meone other than patient)					
First Name:	Last N	ame:				
	Last N					
Address:	City, S	State, Zip:				
Address:	City, 9	State, Zip:	_Ext.:	Cell:		
Address:	City, 9	State, Zip:	_Ext.:			
Address:	City, S Work Phone:	State, Zip:	_Ext.:	Cell:		
Address:  Home Phone:  Birth Date:  Primary Insurance Infor	City, S Work Phone:	State, Zip: Soc. Sec.:	_Ext.:	Cell:		
Address:  Home Phone:  Birth Date:  Primary Insurance Infor Name of Insured:	City, S Work Phone: mation	State, Zip: Soc. Sec.:	Ext.:	Cell:	☐ Child	☐ Other
Address:  Home Phone:  Birth Date:  Primary Insurance Infor  Name of Insured: Insured Soc. Sec.:	City, S	State, Zip: Soc. Sec.: elationship to F _ Insured Birtl	Ext.:	Cell:	☐ Child	☐ Other
Address:  Home Phone:  Birth Date:  Primary Insurance Infor  Name of Insured: Insured Soc. Sec.:	City, S Work Phone: mation	State, Zip: Soc. Sec.: elationship to F _ Insured Birtl	Ext.:	Cell:	☐ Child	☐ Other
Address:  Home Phone:  Birth Date:  Primary Insurance Infor  Name of Insured: Insured Soc. Sec.:	City, S	State, Zip: Soc. Sec.: elationship to F _ Insured Birtl	Ext.:	Cell:	☐ Child	☐ Other
Address:  Home Phone:  Birth Date:  Primary Insurance Infor Name of Insured: Insured Soc. Sec.:  Employer:  Secondary Insurance In	City, S	State, Zip: Soc. Sec.: elationship to F _ Insured Birti _ Ins. Compa	Ext.:	Cell:	☐ Child	☐ Other
Address:	City, S	State, Zip: Soc. Sec.: elationship to F _ Insured Birti _ Ins. Compa	Ext.:	Cell:	☐ Child	☐ Other

## Payment and Insurance Policies:

Professional fees are due and payable when services are provided and will be considered past due if not paid within 30 days of service date. We will charge interest on past due accounts at the rate of 1% per month (12% per year) and will charge a patient's account for any bank charges we receive because of a returned or NSF check.

For patients with dental insurance, we will file your claims and bill you for any balance due, but please remember your are responsible for payment of your account. Most insurance do not normally cover all dental procedures nor does it usually pay 100% of fees.

## Permission to Release or Obtain Pertinent Medical Information

Dr. Derald D. Dosland, D.D.S., P.C. and Isabel C. Miller, D.D.S. are permitted by federal privacy laws to make appropriate uses and disclosures of your health information. Unless specifically requested, the doctors and/or staff have permission to discuss medical history, findings and treatment with other healthcare providers. I have read the Notice of Privacy Practices (effective April 14, 2003) and have been given the opportunity to ask any questions.

Signature of Responsible Part	<u> </u>	

## **Medical History**

Are you ever been hospit  Have you ever ha  Are you taking a  Do you take, or have  Have you ever taken F  other medicatio  Do  Women: Are you  Pregnant/Trying to get put  Are you allergic to any o  Aspirin Per  Other If yes, please  Do you have, or have you  Ald Sylly Positive  Alzheimer's Disease  Anaphylaxis  Anemia  Angina  Arthritis/Gout  Artificial Heart Valve  Artificial Joint  Asthma  Blood Disease  Blood Transfusion  Breathing Problem  Bruise Easily  Cancer  Chemotherapy  Chest Pains  Cold Sores/Fever Blisters  Congenital Heart Disorder  Convulsions	ou under a phy italized or had ad a serious h any medicatic you taken, Pl Fosamax, Bor ons containing Are you by you use cont pregnant?  of the following enicillin  se explain:	taking, could have an invisician's care now?  a major operation?  ead or neck injury?  ons, pills, or drugs?  hen-Fen or Redux?  niva, Actonel or any bisphosphonates?  u on a special diet?  o you use tobacco?  trolled substances?  Yes No Taking  g?  Codeine Lo	Yes No If Yes No Yes No Yes No	yes, please explain:  Hemophilia Hepatitis A Hepatitis B or C Herpes	o Nursing?	Yes No  Latex  Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	Sulfa drugs  Yes N Yes N Yes N Yes N Yes N
Are you ever been hospit  Have you ever hat  Are you taking at  Do you take, or have there we you ever taken for other medication  Do 'Women: Are you Pregnant/Trying to get put and the you allergic to any or a spirin Per other If yes, please to the you have, or have you ever had any	italized or had ad a serious he any medication by you taken, Pl Fosamax, Borons containing Are you be you use containing or you use containing or the following enicillin are explain:	a major operation?  ead or neck injury?  ons, pills, or drugs?  hen-Fen or Redux?  niva, Actonel or any bisphosphonates?  u on a special diet?  o you use tobacco?  trolled substances?  Yes No Taking  g?  Codeine Lo  f the following?  Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No If Yes No If Yes No If Yes No If Yes No Yes No Yes No Yes No Yes No Yes No Ocal Anesthetics  Yes No	yes, please explain: yes, please explain: yes, please explain: yes, please explain:  tives? Yes N  Acryli  Hemophilia Hepatitis A Hepatitis B or C Herpes	o Nursing?  c	No Latex  Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	Sulfa drugs  Yes N Yes N Yes N Yes N
Are you ever been hospit  Have you ever hat  Are you taking at  Do you take, or have there we you ever taken for other medication  Do 'Women: Are you Pregnant/Trying to get put and the you allergic to any or a spirin Per other If yes, please to the you have, or have you ever had any	italized or had ad a serious he any medication by you taken, Pl Fosamax, Borons containing Are you be you use containing or you use containing or the following enicillin are explain:	a major operation?  ead or neck injury?  ons, pills, or drugs?  hen-Fen or Redux?  niva, Actonel or any bisphosphonates?  u on a special diet?  o you use tobacco?  trolled substances?  Yes No Taking  g?  Codeine Lo  f the following?  Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No If Yes No If Yes No If Yes No If Yes No Yes No Yes No Yes No Yes No Yes No Ocal Anesthetics  Yes No	yes, please explain: yes, please explain: yes, please explain: yes, please explain:  tives? Yes N  Acryli  Hemophilia Hepatitis A Hepatitis B or C Herpes	o Nursing?  c	No Latex  Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	Sulfa drugs  Yes N Yes N Yes N Yes N
Have you ever had Are you taking a Do you take, or have Have you ever taken F other medication  Do 'Women: Are you Pregnant/Trying to get provided in the prov	and a serious hand any medication any medication any medication and taken, Place you taken, Place you are containing.  Are you are containing or you use containing or you use containing or you use containing anicillin are explain:  Tou had, any or yes No yes No yes No yes No yes No	ead or neck injury? ons, pills, or drugs? on a special diet? or you use tobacco? or drolled substances?	Yes No If Yes No If Yes No If Yes No _ Yes No _ Yes No Yes No Yes No  G oral contracept  Ocal Anesthetics  Yes No Yes No Yes No Yes No Yes No Yes No	yes, please explain: yes, please explain: tives? Yes N Acryli Hemophilia Hepatitis A Hepatitis B or C Herpes	O Nursing?  C Metal  Yes No Yes No Yes No	No Latex  Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	Sulfa drugs  Yes N Yes N Yes N Yes N
Are you taking a Do you take, or have Have you ever taken F other medicatio  Do Women: Are you Pregnant/Trying to get pregnant/Trying to get prediction  Aspirin Per Other If yes, please Do you have, or have you AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	any medication  you taken, PI Fosamax, Bordons containing  Are you  you use containing  or you use containing  of the following  enicillin  se explain:  you had, any or  yes No  yes No  yes No  yes No	ons, pills, or drugs?  hen-Fen or Redux? hiva, Actonel or any bisphosphonates? u on a special diet? o you use tobacco? trolled substances?  Yes No Taking g? Codeine Lo  f the following? Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No If Yes No _ Yes No _ Yes No _ Yes No Yes No Yes No _ G oral contracept  Ocal Anesthetics  Yes No _ Yes N	tives? Yes N  Acrylin  Hemophilia Hepatitis A Hepatitis B or C Herpes	O Nursing?  C Metal  Yes No Yes No Yes No	Padiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	Sulfa drugs  Yes N Yes N Yes N Yes N
Do you take, or have Have you ever taken Fother medication other medication.  Do Women: Are you—Pregnant/Trying to get provided in the provide	e you taken, Pi Fosamax, Boi ons containing Are you Do o you use cont oregnant?  of the following enicillin se explain:  ou had, any or yes No yes No yes No	hen-Fen or Redux? Oniva, Actonel or any bisphosphonates? On a special diet? On you use tobacco? Otrolled substances? Or Taking Or Codeine Or Codeine Or Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No	tives? Yes N  Acryli  Hemophilia Hepatitis A Hepatitis B or C Herpes	O Nursing?  C Metal  Yes No Yes No Yes No	No Latex  Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	Sulfa drugs  Yes N Yes N Yes N Yes N
Do Women: Are you Pregnant/Trying to get pr Are you allergic to any o Aspirin Per Other If yes, please Do you have, or have you AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Fosamax, Borons containing Are you by you use containing Oregnant?  of the following enicillin se explain:  you had, any or yes No yes No yes No yes No	niva, Actonel or any bisphosphonates? u on a special diet? by you use tobacco? Trolled substances?  Yes No Taking  Gramma Lo  f the following?  Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No - Yes No No Yes No	tives? Yes N  Acryli  Hemophilia Hepatitis A Hepatitis B or C Herpes	O Nursing?  C Metal  Yes No Yes No Yes No	Padiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	Sulfa drugs  Yes N Yes N Yes N Yes N Yes N
Pregnant/Trying to get property of the pregnant of the pregnan	Are you Do you use control or the following enicillin see explain:  Yes No Yes No Yes No Yes No	u on a special diet?  by you use tobacco?  trolled substances?  Yes No Taking  g?  Codeine Lo  f the following?  Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No Yes No  g oral contracept  ocal Anesthetics  Yes No Yes No Yes No Yes No Yes No	Hemophilia Hepatitis A Hepatitis B or C Herpes	C Metal  Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
Pregnant/Trying to get	oregnant?  of the following enicillin  se explain:  ou had, any or  Yes No  Yes No  Yes No	you use tobacco?	Yes No Yes No  g oral contracept  ocal Anesthetics  Yes No Yes No Yes No Yes No Yes No	Hemophilia Hepatitis A Hepatitis B or C Herpes	C Metal  Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
Pregnant/Trying to get	oregnant?  of the following enicillin  se explain:  ou had, any or  Yes No  Yes No  Yes No	Yes No Taking  Yes No Taking  Recorded Local Local  Taking  Recorded Local  Taking  Ta	Yes No g oral contracept  ocal Anesthetics  Yes No Yes No Yes No Yes No Yes No	Hemophilia Hepatitis A Hepatitis B or C Herpes	C Metal  Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
Pregnant/Trying to get	oregnant? oregnant? of the following enicillin see explain:	Yes No Taking g? Codeine Lo f the following? Cortisone Medicine Diabetes Drug Addiction Easily Winded	g oral contracept  ocal Anesthetics  Yes No Yes No Yes No Yes No	Hemophilia Hepatitis A Hepatitis B or C Herpes	C Metal  Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
Pregnant/Trying to get property of the propert	of the following enicillin [see explain:	g? Codeine Lo  f the following? Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No Yes No Yes No Yes No Yes No	Hemophilia Hepatitis A Hepatitis B or C Herpes	C Metal  Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
Other If yes, please  Do you have, or have you AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breatise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	enicillin  se explain:  ou had, any or  Yes No  Yes No  Yes No  Yes No	f the following?  Cortisone Medicine Diabetes Drug Addiction Easily Winded	<ul> <li>Yes ○ No</li> </ul>	Hemophilia Hepatitis A Hepatitis B or C Herpes	Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
Other If yes, please  Do you have, or have you AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breatise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	enicillin  se explain:  ou had, any or  Yes No  Yes No  Yes No  Yes No	f the following?  Cortisone Medicine Diabetes Drug Addiction Easily Winded	<ul> <li>Yes ○ No</li> </ul>	Hemophilia Hepatitis A Hepatitis B or C Herpes	Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
Other If yes, please  Do you have, or have you AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions  Have you ever had any	rou had, any or Yes No Yes No Yes No	f the following?  Cortisone Medicine Diabetes Drug Addiction Easily Winded	<ul> <li>Yes ○ No</li> </ul>	Hemophilia Hepatitis A Hepatitis B or C Herpes	Yes No Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever	
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No No Yes No	Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No	Hepatitis A Hepatitis B or C Herpes	○ Yes ○ No ○ Yes ○ No	Recent Weight Loss Renal Dialysis Rheumatic Fever	Yes N Yes N Yes N
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No No Yes No	Cortisone Medicine Diabetes Drug Addiction Easily Winded	Yes No	Hepatitis A Hepatitis B or C Herpes	○ Yes ○ No ○ Yes ○ No	Recent Weight Loss Renal Dialysis Rheumatic Fever	Yes N Yes N Yes N
Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Diabetes Drug Addiction Easily Winded	Yes No	Hepatitis A Hepatitis B or C Herpes	○ Yes ○ No ○ Yes ○ No	Recent Weight Loss Renal Dialysis Rheumatic Fever	Yes N Yes N Yes N
Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Drug Addiction Easily Winded	Yes No	Hepatitis B or C Herpes	O Yes O No	Renal Dialysis Rheumatic Fever	◯ Yes ◯ N ◯ Yes ◯ N
Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	5 6	Easily Winded	◯ Yes ◯ No	Herpes		Rheumatic Fever	◯ Yes ◯ N
Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions  Have you ever had any	) Les O MO		<u> </u>	The second secon	0 100 0 110		~ ~
Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions  Have you ever had any	Voc O No				e ( Yes ( No	Rheumatism	( ) Yes ( ) N
Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No No Yes No	Epilepsy or Seizures	Yes No	High Blood Pressure High Cholesterol	Yes No	Scarlet Fever	O Yes O N
Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Excessive Bleeding	Yes No	Hives or Rash	O Yes O No	Shingles	O Yes O N
Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Excessive Thirst	O Yes O No	Hypoglycemia	O Yes O No	Sickle Cell Disease	O Yes O N
Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Fainting Spells/Dizziness	ă ă	Irregular Heartbeat	6 6	Sinus Trouble	○ Yes ○ N
Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Frequent Cough	○ Yes ○ No	Kidney Problems	○ Yes ○ No	Spina Bifida	O Yes O N
Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Frequent Diarrhea	○ Yes ○ No	Leukemia	O Yes O No	Stomach/Intestinal Dis	sease O Yes O N
Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Frequent Headaches	O Yes O No	Liver Disease	○ Yes ○ No	Stroke	O Yes O N
Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Genital Herpes	O Yes O No	Low Blood Pressure		Swelling of Limbs	○ Yes ○ N
Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Glaucoma	O Yes O No	Lung Disease	O Yes O No	Thyroid Disease	O Yes O N
Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Have you ever had any	Yes No	Hay Fever	O Yes O No	Mitral Valve Prolaps	se O Yes O No	Tonsillitis	○ Yes ○ N
Congenital Heart Disorder Convulsions  Have you ever had any	Yes No	Heart Attack/Failure	O Yes O No	Osteoporosis	○ Yes ○ No	Tuberculosis	O Yes O N
Congenital Heart Disorder Convulsions  Have you ever had any	Yes No	Heart Murmur	○ Yes ○ No	Pain in Jaw Joints	○ Yes ○ No	Tumors or Growths	○ Yes ○ N
Convulsions  Have you ever had any	Yes No	Heart Pacemaker	○ Yes ○ No	Parathyroid Disease	Yes No	Ulcers Venereal Disease	Yes O
	Yes No	Heart Trouble/Disease	Yes No	Psychiatric Care	○ Yes ○ No	Yellow Jaundice	O Yes O N
Comments:	ny serious illne	ess not listed above?	Yes O No				
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Preferred						~ _ ~	
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