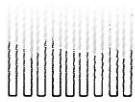


Welcome To Our Office!



AMEDEO & COLONNA, LTD.

DAVID M. AMEDEO, DDS

BERNARD D. COLONNA, DDS

Please Print

Patient's Name: _____ Birthdate _____

Social Security #: _____ Email: _____

Single Married Separated Divorced Widowed Sex M F Res. phone (____) _____

Res. address: _____ Cell phone (____) _____

Street City State Zip

Employed by: _____ Occupation: _____ Bus. phone (____) _____

Spouse's name: _____ No. of children _____

Employed by: _____ Occupation: _____ Bus. phone (____) _____

Emergency Contact Name & Phone: _____

Person responsible for payment: _____

Name of your dental insurance plan: _____ ID #: _____

Name of spouse's dental insurance plan: _____ ID #: _____

Who referred you to our office? _____

Name of previous dentist: _____ Date of last visit: _____

Date of last full mouth x-rays? (Full mouth x-rays = 16 small films or panoramic film of entire mouth) _____

MO YR

Are you allergic or sensitive to any medications, anesthetics or latex? Yes No (Please circle Y or N)

Please list: _____

Please list any medication you are taking now: _____

Have you been told to premedicate with antibiotics before dental treatment? Y N

Are you taking any medications that thin the blood (ex: Coumadin) Y N

Do you smoke? Y N

Cigarettes Cigar Pipe Chewing Tobacco If yes, approximate # per day _____

(Women) Are you pregnant? Y N

(Women) Are you taking birth control pills? (Effectiveness may be diminished by use of antibiotics) Y N

CIRCLE ANY OF THE FOLLOWING WHICH YOU HAVE HAD OR CURRENTLY HAVE:

- | | | | |
|---------------------------------|-----------------------------|------------------------|--------------------|
| Allergies or Hives | Congestive Heart Disease | Heart Pacemaker | Pain in Jaw Joints |
| Angina / Chest Pain | Diabetes | Hepatitis (Any type) | Rheumatic Fever |
| Artificial Heart Valve | Drug Addiction / Alcoholism | High Blood Pressure | Rheumatism |
| Artificial Joints (Hip, Knee) | Emphysema | HIV Positive / A.I.D.S | Sinus Trouble |
| Asthma | Epilepsy or Seizures | Infective Endocarditis | STD / Herpes |
| Bleeding Problems | Glaucoma | Kidney Trouble | Stroke |
| Chemotherapy (Cancer, Leukemia) | Heart Disease or Attack | Liver Disease | Thyroid Disease |
| Congenital Heart Lesions | Heart Murmur | Mitral Valve Prolapse | Tuberculosis (TB) |

Are you taking any medications for osteoporosis or bone loss due to aging, Paget's Disease, multiple myeloma or any type of cancer?

Is there any other medical or dental information that you feel we should know about? _____

Signed _____ Date _____