

# PALMIERI DENTISTRY

Roberto Palmieri, DMD PA

PATIENT

Date \_\_\_\_\_ Name by which you prefer to be called \_\_\_\_\_

Patient's Name \_\_\_\_\_

Last First Middle

Street Address \_\_\_\_\_

Street City State Zip

Billing Address \_\_\_\_\_

Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Pager # \_\_\_\_\_ Work # \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female /  Single  Married  Divorced  Widowed

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Name Street City State Zip

Spouse's Name \_\_\_\_\_ Spouse's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Last First Middle

Spouse's Employer \_\_\_\_\_ Spouse's Work # \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

DENTAL INFO

Purpose of today's visit \_\_\_\_\_

Are you having any dental problems \_\_\_\_\_

How long since your last cleaning & exam? \_\_\_\_\_

Should we contact your previous dentist for your records/x-rays? -Yes -No (If yes, who?)

What would you like to change about your teeth or smile? \_\_\_\_\_

HEALTH INFORMATION

**Yes No** Have you ever had:

- Abnormal Heart Condition
- Abnormal Blood Pressure
- Kidney or Liver Disease
- Bone or Joint Problems
- Rheumatic Fever
- Diabetes
- Abnormal Bleeding
- Asthma
- Emphysema
- Epilepsy or Seizures
- Allergies - - >
- Endocrine (Gland) Disease
- Radiation/Chemotherapy
- Stroke
- Nervous/Panic Disorder
- Strong Gag Reflex
- Hepatitis
- HIV Positive
- Tuberculosis
- Dry Mouth

**Yes No**

- Have you seen a physician within the past 3 years? If so, why? \_\_\_\_\_
- Has there been a change in your health in the past year? If so, explain \_\_\_\_\_
- Are you under a physician's care now? If so, why? \_\_\_\_\_
- Are you allergic to any drugs or local anesthetic? If so, list \_\_\_\_\_
- Are you allergic to any metals or jewelry? \_\_\_\_\_
- Are you now taking pills, drugs or medication? If so, list \_\_\_\_\_
- Are you pregnant? If yes, due date: \_\_\_\_\_
- Is there any information about your health that we should know? If so, please explain \_\_\_\_\_
- Do you smoke? If yes, how many packs per day: \_\_\_\_\_

- Please turn page over and continue -

## Patient Information - Page II

➤ Please complete if patient is a child, a full-time student or has a legal guardian.

PARENT

Parent (Legal Guardian) \_\_\_\_\_ Marital Status \_\_\_\_\_  
Last First Middle  
 Relationship to Patient \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
Street City State Zip  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

CONTACT INFO

Who should we contact in case of emergency \_\_\_\_\_  
Relationship to patient  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name of nearest relative not living with you \_\_\_\_\_  
Relationship to patient  
 Address \_\_\_\_\_  
Street City State Zip  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

APPOINTMENT

We value your time, and ask that you do the same of ours. Each day we do our best to keep your appointment on time, but due to the nature of dentistry, sometimes emergencies and unexpected delays can occur. We'll do our best to keep you informed of how our schedule is running, and ask that you do the same. When scheduling, we strive to allot the proper amount of time to each patient, so we do not double/triple book our schedule to account for cancellations. Consequently, we incur a greater risk if you break an appointment. A broken appointment is noted in your chart if an appointment is not kept, arrived at more than 15 minutes late, or changed with less than one working day's notice. In other words, if your appointment is scheduled at 10am, you must call before 10am on the previous working day to avoid the broken appointment charge. When scheduling "long appointments" (i.e., over 90 minutes for one patient or two or more patients from the same family) **a \$150 appointment guarantee deposit is required. This deposit can be guaranteed with a credit card, and you will not incur any charges as long as the appointment is kept or changed with sufficient notice.** Patient Initials: \_\_\_\_\_

FINANCIAL POLICY

Payment is due when services are rendered. We accept cash, debit cards or credit cards (VISA, MC or Discover). If you do not have the total amount needed for your dental work, we can set up a pre-payment plan to allow you to make small or large payments on your account with no interest charged prior to the procedures being started. If you do not want to wait until you have the entire balance, we will gladly help you set up a payment plan through one of our dental finance companies. We accept personal checks, process dental insurance and may offer other payment options to patients who establish their dental record with our office (i.e., complete a comprehensive exam, x-rays and cleaning) and maintain their routine/preventative dental appointments. As a service that we offer, we process dental insurance as long as your insurance company will pay the provider and you leave a balance payment guarantee on a credit card. Our services include: calling your insurance company for a summary of benefits, filing claims and waiting for their payments *allowing you to pay only the portion that your insurance isn't expected to pay on the day of service*, recording their payments and then calling you to inform you of any balance or credit to be put on your guaranteeing credit card. Additionally, we sometimes have to follow up with the insurance company after 4 weeks if there has been no payment/communication, after 5-6 weeks we call to make you aware of the situation and ask that you get involved. If no payment is received by 8 weeks from the date of service, we can no longer wait for the insurance company's payment and we will call to inform you of the charge to your credit card. Patient Initials: \_\_\_\_\_

**By my signature below I acknowledge receipt of and agree to the office policies above.**

All Patients Sign: \_\_\_\_\_