



MONTVILLE ENDODONTICS, LLC

150 River Road - Suite K3 - Montville, NJ 07045
973-335-6408

DATE OF LAST PHYSICAL EXAMINATION _____
WHAT IS YOUR PRESENT HEALTH STATUS _____
DO YOU HAVE, OR HAVE YOU EVER HAD:

AIDS _____ ANEMIA _____ ASTHMA _____ CANCER _____
DIABETES _____ EPILEPSY _____ GLAUCOMA _____ HEPATITIS
(JAUNDICE) _____ KIDNEY PROBLEMS _____
RHEUMATIC FEVER _____ THYROID PROBLEMS _____ ULCERS _____

ABNORMAL BLEEDING FROM A CUT _____
ARTIFICIAL JOINT REPLACEMENT? _____
DO YOU NEED TO PREMEDICATE? _____

ARE YOU TAKING ANY BIPHOSPHONATES? _____
(i.e. Fosomax, Boniva, Aredia, Zometa, etc)? _____

ALLERGIES: PENICILLIN, OR ANY OTHER ANTIBIOTICS OR DRUGS _____

ABNORMAL HEART CONDITION _____ PACEMAKER _____
ARTIFICIAL VALVES _____ HEART MURMUR _____
MITRAL VALVE PROLAPSE _____ DO YOU NEED TO PRE-MEDICATE? _____

ANY PROBLEMS WITH BLOOD PRESSURE? HIGH _____ LOW _____

ARE YOU PREGNANT OR NURSING? _____

ARE YOU TAKING ANY MEDICATIONS? _____ IF SO WHAT? _____

ANY OTHER INFORMATION WE MAY NEED TO KNOW? _____

NAME OF MEDICAL DOCTOR: _____ PHONE# _____

PHARMACY: _____ PHONE # _____

PATIENT'S SIGNATURE: _____

REVIEWED BY DR: _____ DATE: _____

For office use only:

Updated: _____ Patient's Initials _____ Updated: _____ Patient's Initials _____

Mr. Mrs. Ms. Dr. _____ Date: _____

NAME: _____

Date of Birth _____ Patients SS# _____

Address _____ Street _____ Town _____ Zip _____

Home # _____ Cell# _____ Work# _____

E-Mail Address _____

Name of your General Dentist _____

Person Financially Responsible for Treatment _____

In the unlikely event of an emergency, is there someone we should contact?

Name: _____ Phone# _____ Relationship _____

Primary Dental Coverage If you have Secondary Dental Coverage

Name of Primary Insured Person _____ Name of Secondary Insured Person _____

Date of Birth _____ / _____ / _____ Date of Birth _____ / _____ / _____

Employer _____ Employer _____

Insurance Carrier _____ Insurance Carrier _____

Group # _____ Group # _____

SS# or ID# _____ SS# or ID# _____