

Pennington Family Dentistry
117 Washington Crossing-Pennington Road
Pennington, New Jersey 08534
609-737-0006

**A FINANCE FEE WILL BE APPLIED MONTHLY IF ACCOUNT IS OVER 90 DAYS
PAYMENT IS DUE THE DAY SERVICES ARE RENDERED**

Name: _____

Signature: _____

Social Security #: _____

Date Of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Work: _____ Cell: _____

Email: _____ Employer: _____

Single _____ Married _____ Widow _____ Separated _____ Divorced _____

Person Responsible For Account: _____

Address (IF DIFFERENT FROM ABOVE) _____

Referred By: _____

Dental Insurance: Name of Subscriber: _____

Date of Birth: _____ Social Security # _____ Phone# _____

Insurance Co.: _____ ID# _____ Group# _____

Physician: _____ Phone # _____

Date of Last Exam: _____ Last Dental Exam: _____

Are you currently under medical treatment: _____ If yes explain: _____

Have you been hospitalized for surgeries or serious illness in the last 5 years? _____

If yes please explain _____

Are you taking any medication(s) including non-prescription medicine? _____

List all medications: _____

	YES	NO
Do you take a baby aspirin?	___	___
Do you use tobacco?	___	___
Are you allergic to or have you had any reactions to the following:		
Local Anesthetics	___	___
Penicillin or any other antibiotics	___	___
Sulfa Drugs	___	___
Barbiturates	___	___
Sedatives	___	___
Iodine	___	___
Aspirin	___	___
Any Metal (nickel, mercury, etc.)	___	___
Latex Rubber	___	___
Other: _____		

Women only:

Are you pregnant or think you may be pregnant? _____

Are you nursing? _____

Are you taking oral contraceptives? _____

Do you have or have you had any of the following? Circle all that apply:

- | | | | | |
|-----------------------|----------------------|------------------------------|---------------|-----------|
| High Blood Pressure | Heart Disease | Chest Pains | Heart Attack | Pacemaker |
| Recent Weight Loss | Rheumatic Fever | Heart Murmur | Heart trouble | |
| Swollen Ankles | Angina | Asthma | Stroke | |
| Fainting/Seizures | Frequently Tired | Anemia | | |
| Mitral Valve Prolapse | Respiratory Problems | Low Blood Pressure | | |
| Emphysema | Tuberculosis | Leukemia | Arthritis | |
| Liver Disease | Diabetes | Joint Replacement/Implant | | |
| Hepatitis | Thyroid Problem | Kidney Disease | | |
| Hay Fever/Allergies | Stomach Troubles | Sexually transmitted disease | | |
| Easily Winded | Cancer | Radiation therapy | | |

If there are any existing medical conditions NOT listed above, please enter below:
