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Implant Dentistry
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**NEW PATIENT INFORMATION FORM
(PLEASE PRINT)**

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Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other: _____

Social Security # _____ Sex: Male _____ Female _____

Occupation _____

Spouses Name _____

Who is financially responsible for this bill? _____

Whom may we contact in case of emergency? _____

Who may we thank for this referral? _____

I will be paying today by: Cash _____ Check _____ Credit Card _____

Where would you like us to confirm your appointments?
Home _____ Work _____ Other _____ (# _____)

What is the reason for your visit? Chief Complaint: _____

History of Present Illness (Quality, location, constant/intermittent, spontaneous/induced, duration, affected by, relieved by):

Have you been instructed by your physician to premedicate with antibiotics before receiving dental treatment?
Yes _____ No _____

I. Past Medical History: Major Illness: (check all that apply)

- Rheumatic Fever (RF)
- Heart Disease
- Heart Attack (MI)
- Murmur (M)
- Mitral Valve Prolapse
- Hypertension (HTN)
- Stroke (CVA)
- Lung Disease
- Tuberculosis (TB)
- Asthma
- Cigarette smoking (pack/yr _____)
- Swollen Joints
- Surgery
- Blood Transfusions (if yes, when _____)
- Cancer, tumor
- Epilepsy
- Fainting spells
- Nervous or metal disorders
- Bleeding disorder
- Sickle Cell Anemia (SCA)
- Yellow Jaundice
- Thyroid Disease
- Steroid or Hormonal Treatment
- Problems with reproductive organs
- Diabetes
- Venereal Disease (syphilis, gonorrhea, herpes)
- Alcohol consumption (drinks/day _____)
- Drug abuse (heroin, marijuana, cocaine, other illicit drugs _____)
- Hepatitis, Liver Disease
- Tattoo
- AIDS
- Joint replacement
- Artificial Heart Valve
- Body Piercing
- Latex Hypersensitivity
- Have you taken fen-phen diet drugs or fenfluramine or dexfenfluramine with other agents?
- None of the above

- a) Are you currently taking biphosphate drugs (ie: Fosamax, Actonel, Boniva)
- b) Are you on a daily regimen of regular or baby aspirin? Yes _____ No _____
- c) Are you currently on coumadin? No _____ Yes _____ (If yes, you must ask your Medical Doctor when to stop medication prior to dental appointments. Your Dentist needs to speak to your Medical Doctor (name _____ phone # _____))

III. Present Medications:

	<u>Medication</u>	<u>Dosage</u>	<u>Reason Prescribed</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

III. **Allergies:** No _____ Yes _____ (If yes, list below)

- _____ Local anesthetics
- _____ Aspirin
- _____ Narcotics (Please list):
- _____ Antibiotics (If yes, please list):
- _____ Other (Please list):

IV. Last medical visit (date): _____ Reason for Visit: _____

Physician's Name and Phone #: _____

V. Hospitalizations (overnight):

<u>Date</u>	<u>Reason</u>	<u>Outcome</u>
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VI. **For female patients only:**

Is there a possibility that you might be pregnant? _____
 Are you on the birth control pill? _____

VII. Have you ever had a bad experience in a dental office?

VIII. Are you happy with the color of your teeth? _____

IX. Is there anything in your medical or dental history that we did not talk about? _____

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

Signature _____ Date _____

If you have dental insurance:

WE ARE AN OPT-OUT OFFICE FOR MEDICARE. WE DO NOT PROVIDE SERVICES FOR MEDICARE.

We are a non-participating dental practice. As a courtesy to our patients, if your plan is not an HMO, we will submit your claims and provide all of the information, radiographs and probings necessary for your insurance company to complete your claims and process your reimbursement. We will do all the paper work for you. Your reimbursement will bypass our office completely and will go to you directly. If your plan is an HMO we cannot submit any claims on your behalf. You will not be reimbursed because an HMO plan does not have 'out of network' benefits.

Please complete the following information if the above statement applies to you.

Dental Insurance Company: _____

Insurance Company Address: _____

Policy Holder's Name: _____

Policy Number: _____

Policy Holder's SSN: _____

Policy Holder's DOB: _____

Policy Holder's Employer: _____ **Phone:** _____

Employer's Address: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

“You May Refuse to Sign this Acknowledgement”

I, _____, have received a copy of this office’s Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

Please note that all original paperwork, correspondence, consent forms and records are being scanned and electronically stored. The original copy of all original paperwork, correspondence, consent forms and records are then being destroyed. By signing this form, you acknowledge and agree with our policy.

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

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FELDMAN, FITZGERALD & CHOE, D.D.S., P.A.

660 Kenilworth Drive
Suite #103
Towson, MD 21204
410-821-8800

Directions to our office from the beltway: The name of our building is Towson Health. We have our own private entrance on the side of the building facing West Road. Our entrance has a burgundy awning over the door with 103 on it in white letters.

Coming from the West side (inner loop):

- Take 695 towards Towson
- Take exit 26-A (York Road)
- At the first traffic light, make a right at West Road.
- Go down to the end of the street. We are the last building on the left side, directly across from the BMW dealership). Make a left turn into our parking lot prior to the next traffic light

Coming from the East side (outer loop):

- Take 695 towards Towson
- Take exit 26 (York Road)
- Turn left at the traffic light onto York Road
- At the next traffic light, make a right onto West Road.
- Go down to the end of the street. We are the last building on the left side, directly across from the BMW dealership). Make a left turn into our parking lot prior to the next traffic light