

ADVANCED ENDODONTICS OF GREATER SPRINGFIELD

Patient's Name _____ Preferred Name _____ Age _____

Has there been any change in your health history? No Yes If yes, please explain below.

Has there been any change in your medical treatment? No Yes If yes, please explain below.

Has there been any change in your address or contact information? No Yes If yes, please explain below.

Who is your general dentist? _____

DENTAL HISTORY

Briefly explain why you were referred to this office, i.e., what symptoms have you had, if any?

Are you currently experiencing any symptoms? Yes No

When did the symptoms begin? _____

Can you point to the affected area? Yes No

Have your symptoms worsened or gotten better?

Tooth location: Upper Right Lower Right Upper Left
 Lower Left Upper Front Lower Front

Has the pain been Constant Intermittent Momentary
 Lingering Referred

Is the pain Sharp Dull Throbbing
 Steady Enlarging Spontaneous

What affects the pain? Hot Cold Sweets
 Biting Chewing Tapping
 Touch Head position

By signing, you certify that you have received and read a copy of this office's Notice of Privacy Practices and that you have completed the above information to the best of your knowledge. By signing, you also authorize consent for Dr. Castleman and any other agents or employees of Advanced Endodontics to perform radiographic imaging, testing, and evaluation. By signing, you consent to the use and disclosure of protected health information as needed to carry out treatment. Your signature also authorizes this office to file insurance claims on your behalf. Please understand that you are responsible for payment of services regardless of insurance coverage and that interest will accrue if account balance is not paid in full within 60 days of treatment. After 60 days with no payment, please understand the account will be turned over to a collection agency and at that time you will then be responsible for the collection agency fees, as well as ours.

Signature of patient or legal guardian, if patient is a minor

Date