

Roger D. Clay, DDS

Morgan Clay, BA, MS, DMD

Thank you for choosing VERO BEACH DENTAL CARE for your dental needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance; we will be happy to help you. We DO NOT participate with any Insurance Company; therefore, this office is considered out-of-network.

DATE:	
PATIENT INFORMATION	
Name	Social Security #
First MI Last	·
Preferred Name:	Email Address:
Address:	
Date of Birth: Se	ex:Female Male Marital Status:MWSD
Home Phone: Cell Phone	Work Phone
Preferred Contact Method for Confirming Appoin	ntments (Please check): Home WorkCellText
Do you give consent for communicating via text	messaging with the cell phone number?
Patient Employer or School	Occupation:
Employer or School Address	
Spouse or Parent's Name	Employer
Have any other family members been seen in the	nis office?
How did you hear about our practice?	If radio, what station?
Person to contact in case of emergency	Phone #
RESPONSIBLE PARTY Name of person respo	nsible for this account
Relationship to pt	
Address	Phone #
Name of Employer	Phone #
DENTAL INSURANCE INFORMATION The final	ncial responsibility for dental services lies solely with the patient. Dental insurance is
a contract between the patient and their insurance com	pany. Our involvement is only to submit a claim as a courtesy to help our patient. It is
	date on the status of their insurance at any particular time and to pay for services
network." After 60 days, all unpaid claims become the r	participate with any dental insurance companies. Our office is considered "out-of-
	Relationship to patient
	Social Security #
	Phone #
	Member ID # Group #

Date of Birth				
			#	
Company	Memb	oer ID #	Group #	
ENTAL HISTORY:				
	et full mouth v-rave:	where cou	ıld these x-rays be obtained	12
	•		ilu tilese x-lays be obtailleu	l:
	e following conditions that			
Food collection bety Bad Breath		eth or broken fillings	Sores or growths in mo	outn
Bad Breath Bleeding gums	Grinding	ital treatment	Sensitivity to heatSensitivity to sweets	
Clicking or popping			Sensitivity when biting	
		.,		
re you nervous about lave you had a previou	discomfort at this time? dental treatment? us bad dental experience? appearance of your teeth	<u> </u>	at would you like to change	?
MEDICAL HISTORY				
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-	_	-	pre-medicate before denta	
'lease list (or give us	a copy) of all medicatio	ns you are currently	taking:	
Oo we have permission	on to download your med	dication list from Sur	escript?YesNo	
Oo we have permissio	on to download your med	dication list from Sur	escript?YesNo	
•			•	
•			escript?YesNo Birth Control Pills?	
•			•	
VOMEN ONLY -	Are you <i>Pregnant?</i> A		•	
VOMEN ONLY -			•	
NOMEN ONLY - A	Are you <i>Pregnant?</i> \(\)		•	Scarlet Fever
VOMEN ONLY - A Check if you have had Alzheimer	Are you <i>Pregnant?</i> Any of the following: Dementia	lursing? Taking	Birth Control Pills?	
VOMEN ONLY - A Check if you have had Alzheimer	Are you Pregnant? \(\) any of the following: Dementia Congenital Heart Lesion Cortisone Treatments	lursing? Taking HepatitisHernia Repair	Birth Control Pills?	Scarlet Fever
Check if you have had Alzheimer Aids Anemia Arthritis,	Are you <i>Pregnant?</i> Note that Are you <i>Pregnant?</i> Note that Are you <i>Pregnant?</i> Note that Are you are your first and you are you	Jursing? Taking HepatitisHernia RepairHigh Blood	Birth Control Pills?	Scarlet Fever
Check if you have had Alzheimer Aids Anemia Arthritis, Rheumatism	Are you Pregnant? \(\) d any of the following: Dementia Congenital Heart Lesion Cortisone Treatments Cough, Persistent	Jursing? Taking Hepatitis Hernia RepairHigh Blood Pressure	Birth Control Pills?	Scarlet FeverStrokeThyroid Problems
Check if you have hadAlzheimerAidsAnemiaArthritis, RheumatismArtificial Heart	Are you Pregnant? \(\) any of the following: Dementia Congenital Heart Lesion Cortisone Treatments	Jursing? Taking HepatitisHernia RepairHigh Blood	Birth Control Pills?	Scarlet Fever
Check if you have hadAlzheimerAidsAnemiaArthritis, RheumatismArtificial Heart Valves	Are you Pregnant? Note that Are you Pregnant? Note that Are you Pregnant? Note that Are you Pregnants Congenital Heart Lesion Cortisone Treatments Cough, Persistent Cough up Blood	Jursing? Taking Hepatitis Hernia Repair High Blood Pressure HIV Positive	Birth Control Pills? Rheumatic Fever Shortness of BreathSkin Rash Tobacco Habit	Scarlet FeverStrokeThyroid ProblemsTonsillitis
Check if you have had Alzheimer Aids Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints	Are you Pregnant? \(\) If any of the following: DementiaCongenital Heart LesionCortisone TreatmentsCough, PersistentCough up BloodDiabetes	Jursing? Taking —Hepatitis —Hernia Repair —High Blood Pressure —HIV Positive —TMJ (Jaw Pain)	Birth Control Pills?	Scarlet FeverStrokeThyroid ProblemsTonsillitisUlcer
Check if you have hadAlzheimerAidsAnemiaArthritis, RheumatismArtificial Heart Valves	Are you Pregnant? Note that Are you Pregnant? Note that Are you Pregnant? Note that Are you Pregnants Congenital Heart Lesion Cortisone Treatments Cough, Persistent Cough up Blood	Jursing? Taking Hepatitis Hernia Repair High Blood Pressure HIV Positive	Birth Control Pills? Rheumatic Fever Shortness of BreathSkin Rash Tobacco Habit	Scarlet FeverStrokeThyroid ProblemsTonsillitisUlcerBleeding
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Check if you have had Alzheimer Aids Anemia Arthritis, Rheumatism Artificial Heart Valves Back Problems Cancer	Are you Pregnant? \(\) If any of the following: DementiaCongenital Heart LesionCortisone TreatmentsCough, Persistent Cough up BloodDiabetesFaintingHeart Murmur	Jursing? Taking Hepatitis Hernia RepairHigh Blood PressureHIV Positive TMJ (Jaw Pain)Liver Disease Pacemaker	Birth Control Pills? Rheumatic Fever Shortness of BreathSkin Rash Tobacco Habit TuberculosisVenereal Disease Chemical Dependency	Scarlet FeverStrokeThyroid ProblemsTonsillitisUlcerBleeding AbnormallyHeart Problems
Check if you have had Alzheimer Aids Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Back Problems Cancer Glaucoma	Are you Pregnant? \(\) \[\frac{d \text{ any of the following:}}{\text{Dementia}} \] \[\text{Congenital Heart Lesion} \] \[\text{Cortisone Treatments} \] \[\text{Cough, Persistent} \] \[\text{Cough up Blood} \] \[\text{Diabetes} \] \[\text{Fainting} \] \[\text{Heart Murmur} \] \[\text{Mitral Valve Prolapse} \]	Jursing? Taking Hepatitis Hernia RepairHigh Blood PressureHIV Positive TMJ (Jaw Pain)Liver Disease PacemakerBlood Disease	Birth Control Pills? Rheumatic Fever Shortness of BreathSkin Rash Tobacco Habit TuberculosisVenereal Disease Chemical DependencyHeadaches	Scarlet Fever StrokeThyroid Problems Tonsillitis UlcerBleeding AbnormallyHeart ProblemsNervous Problems
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Coumadin	Levoxyl	Warfarin	Synthroid	Actonel	Aredia	Bonefos
_Boniva	Didronel	Fosamax	Ostac	Skelid	Zometa	Prolia
YES, when was y	our last dose?	1	Reason f	or dose	-1	1
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