Roger D. Clay, DDS   **Morgan Clay, BA, MS, DMD**

Annual Update Form for Current Patients

To ensure the highest quality of healthcare, we ask that you complete this patient update form.

Today's Date: _____/_____/_____

Patient Name: ____ Date of Birth: ______________________

Reason for today's visit: _____ Recare _____Planned treatment _____ Dental Problem

Contact Information:

Email address: ____

Address: ____

Home Phone: _____________________ Cell Phone: ________________________ Work Phone ______________________

Preferred method of contact: ____Home ____Cell ____Work ____Text

Do you give consent for communicating via text messaging with the cell phone number on file? ______ Yes ______ No

Do we have permission to download your medication list from Surescript? ____ Yes ____No

	No	Yes	If yes, please explain
Any changes in insurance?			
Any change in Health since last dental visit?			
Any surgeries or hospitalizations since last visit?			
Are you taking any new medications or supplements since your last visit (Prescription and/or non-prescription)?			
Any new allergies since last dental visit?			
Females only: Are you pregnant or nursing?			
Females only: Are you taking birth control?			

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries above have been answered to my satisfaction. I will not hold my doctor, or any other member of his/her staff, responsible for any errors in omissions that I have made in the completion of this form.

Patient Signature: ___________________________________ Date: _____________