

Clayton T. Parks, D.D.S., M.S.

Jason L. Schmit, D.D.S., M.S.

Jessica K. Fuller, D.D.S., M.S.

We would like to welcome you and your child to our office. In an effort to provide the best service possible, we ask you to fill out this form as completely as possible. Thank you for your cooperation.

Patient's Name		Last Ag	e Birth I	Date
Patient's Name	Middle	Last Patient's He	ome Phone	Jaic
atient's Home Address	- Mac	City State 7	IP	
Who is completing this form? Na				
elationship	Do you have legal cu	liddle Last Istody? YES NO		
Who may we thank for recommen				
lave we treated or seen another r	member of your family? YES	S NO If YES, Nan	ne(s)	
Has your child visited an orthodo	ntist before? YES NO	If YES, for what reason	on?	
Parent Information				
farital Status: Single	Married Widowed	Divorced Se	eparated Dor	mestic Partner
ather Step Father	Guardian	Mother	Step Mother	Guardian
ame		Name	2557	
ddress		Address		
irthdate		Birthdate		
ome Phone		Home Phone		
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hild's Physician Phone # Istory of major illness? YES NO If YES, please describe surversely taking any medications? YES NO If YES, please list turrently taking any medications? YES NO If YES, please list turrently taking any medications? YES NO If YES, please list that the child been treated for any of the following?  Arthritis Blood Disorder Diabetes Heart Condition Tuberculosis Asthma Cancer Epilepsy Nervous Disorder las your physician/dentist recommended your hild take antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotic:  Indeed antibiotics before dental treatment? YES NO If YES, which antibiotics before dental treatment? YES NO If YES, which antibiotics before dental treatment? YES NO If YES, which antibiotics before dental treatment? YES NO If YES, which antibiotics before dental treatment? YES NO If YES, which antibiotics before dental treat	Dental and Medical History
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