

PATIENT INFORMATION & MEDICAL HISTORY UPDATE



Personal Information

Patient

Name:
Address:
Phone #:
Cell phone #:
Email (for appt reminders):
Emergency Contact Name:
Emergency Contact Phone Number:

Medical/Dental History

Have there been any medical or dental changes in the past five years?

If yes please explain in detail including dates of changes:

Have you ever had to take a pre-med for a dental procedure? yes no

If so, when?

What medication was prescribed?

Are you taking any medications for bone replacement therapy? yes no

Please explain:

Please list any medications/vitamins/herbal treatments you are taking and dosage?

Please list any allergies or adverse reactios to medications:

Cancellation or Changed Appointments Policy:

This office does not charge for an appointment change or cancellation as long as there is 24 hour notice given. You may leave a message at 541-485-1444 after business hours or during business hours if we cannot answer your call. You may also email your change or cancellation to mccullyoffice@comcast.net There may be a charge of \$40.00 for appointments cancelled or changed within 24 hours.

Returned Checks:

A fee of \$25.00 will be charged for any returned checks.

Signature: Date:

By signing you are agreeing that all of the information you have provided is accurate to the best of your knowledge and that you have read and understood the Appointment Cancellation and Returned Check policies