

BARRY ROZENBERG, D.D.S.
CRAIG A. SIROTA, D.M.D., M.M.Sc.
1000 Broadway
WOODMERE, N.Y. 11598
516 - 791 - 2200

NAME _____
LAST FIRST MIDDLE

STREET _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ - _____ - _____

SEX: MALE FEMALE STATUS: SINGLE MARRIED WIDOWED DIVORCED

TELEPHONE: (HOME) _____ (WORK / CELL) _____

eMAIL _____ FAX _____

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED? _____
TELEPHONE _____

WHOM MAY WE THANK FOR REFERRING YOU? _____
ADDRESS _____

EMPLOYER _____ OCCUPATION _____

DO YOU HAVE DENTAL INSURANCE? NO YES

Please provide us with the insurance carrier name _____

Subscriber Name _____ Subscriber Birth Date _____

Subscriber ID _____ SS# _____ Employer _____

All services are charged to the patient, I recognize that I am responsible for fees for services rendered regardless of insurance coverage. I understand I am responsible to pay actual and reasonable collection charges and/or attorney fees.

SIGNATURE: _____

DATE: _____

PATIENT INFORMATION

BARRY ROZENBERG, D.D.S.
CRAIG A. SIROTA, D.M.D., M.M.Sc.
1000 Broadway
WOODMERE, N.Y. 11598
516 - 791 - 2200

PATIENT NAME _____
LAST FIRST MIDDLE

PHYSICIANS NAME _____
ADDRESS/PHONE # _____

DATE OF LAST VISIT _____

LIST CURRENT MEDICATIONS: _____

ARE YOU ALLERGIC TO ANY MEDICATIONS OR SUBSTANCES?

PLEASE CIRCLE BELOW

ASPIRIN PENICILLIN CODEINE LATEX RUBBER ACRYLIC

OTHER: _____

DO YOU NEED PREMEDICATION PRIOR TO A DENTAL VISIT? YES NO

IF YES, WHY? _____

HAVE YOU EVER BEEN HOSPITALIZED? YES NO

IF YES, WHY? _____

HAVE YOU EVER HAD A SERIOUS ILLNESS OR MAJOR INJURY? YES NO

IF YES, WHAT? _____

DO YOU SMOKE? YES NO HOW MUCH? _____

DO YOU WEAR CONTACT LENSES? YES NO

(WOMEN) PLEASE CIRCLE IF APPROPRIATE: TAKING BIRTH CONTROL PILLS

PREGNANT/TRYPING TO GET PREGNANT NURSING

PLEASE CIRCLE IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING:

RHEUMATIC FEVER	ASTHMA	ARTIFICIAL JOINT
RHEUMATIC HEART DISEASE	DIABETES	SKIN RASH / HIVES
HEART MURMUR	FREQUENT URINATION	CORTISONE TREATMENT
MITRAL VALVE PROLAPSE	EXCESSIVE THIRST	HIV / AIDS
PROSTHETIC HEART VALVE	HYPOGLYCEMIA	HEPATITIS A, B, C
IRREGULAR HEART BEAT	ANEMIA	GLAUCOMA
SHORTNESS OF BREATH	BRUISING	THYROID PROBLEMS
CHRONIC TIREDNESS	CANCER	BLOOD TRANSFUSION
CHEST PAIN / ANGINA	RADIATION THERAPY	CHEMICAL DEPENDENCY
HEART ATTACK	CHEMOTHERAPY	PSYCHIATRIC CARE
HIGH BLOOD PRESSURE	TUMOR OR GROWTH	COLD SORES
HIGH CHOLESTOROL	STOMACH ULCERS	SICKLE CELL DISEASE
STROKE	KIDNEY PROBLEMS	ARTHRITIS
SEIZURES / CONVULSIONS	RENAL DIALYSIS	ALLERGIES (MEDICINES)
FAINTING / DIZZINESS	TUBERCULOSIS	PARKINSONS DISEASE
HEADACHES	PERSISTENT COUGH	DRUG ADDICTION

OTHER MEDICAL ISSUES NOT CIRCLED ABOVE: _____

SIGNATURE: _____

DATE: _____

MEDICAL HISTORY

BARRY ROZENBERG, D.D.S.
CRAIG A. SIROTA, D.M.D., M.M.Sc.
1000 Broadway
WOODMERE, N.Y. 11598
516 - 791 - 2200

PATIENT NAME _____
 LAST FIRST MIDDLE

REASON FOR TODAY'S VISIT: _____

DESCRIBE YOUR DENTAL PROBLEMS: _____

HOW LONG SINCE YOUR LAST DENTAL VISIT? _____

WHEN WAS THE LAST TIME YOUR TEETH WERE CLEANED? _____

HOW LONG SINCE YOUR LAST DENTAL X-RAYS? _____

PREVIOUS DENTIST'S NAME: _____

ADDRESS/PHONE # _____

PLEASE CIRCLE IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING:

- | | |
|---------------------|-------------------------|
| TOOTH SENSITIVITY | BLEEDING GUMS |
| YELLOW TEETH | BROKEN FILLINGS |
| MISSING TEETH | BAD BREATH |
| GRINDING/CLENCHING | CHIPPED/BROKEN TEETH |
| FOOD COLLECTION | SORE GUMS |
| LOOSE TEETH | JAW CLICKING OR POPPING |
| HEADACHES | JAW DISCOMFORT |
| FACIAL TRAUMA | ORAL SURGERY |
| ORAL CANCER | RADIATION THERAPY |
| DRY MOUTH | RECURRENT CANKER SORES |
| ORTHODONTICS/BRACES | PERIODONTAL TREATMENT |
| ROOT CANAL THERAPY | CROWN & BRIDGE |
| DENTURES | IMPLANT THERAPY |
| TOOTH WHITENING | ESTHETIC DENTISTRY |

OTHER DENTAL ISSUES NOT CIRCLED ABOVE: _____

DO YOU LIKE THE APPEARANCE OF YOUR TEETH? YES NO
IF NO, WHY? _____

IF THERE WAS SOMETHING YOU COULD CHANGE ABOUT YOUR SMILE,
WHAT WOULD IT BE? _____

WOULD YOU LIKE A WHITER, HEALTHIER SMILE? _____

SIGNATURE: _____

DATE: _____

DENTAL HISTORY