## Clearwater Family Medicine & Dental

214 W Washington Ave, Suite 300, Madison, WI 53703 · (608) 555-0136 · Fax (608) 555-0137

PREVENTIVE & RESTORATIVE CARE

# Dental Visit Information

### PATIENT INFORMATION

FULL NAME

DATE OF BIRTH

LAST DENTAL VISIT

### DENTAL HISTORY

☐ Sensitivity to hot or cold ☐ Bleeding or sore gums ☐ Grinding or clenching (day or night) ☐ Jaw pain or clicking

☐ Anxious about dental visits ☐ Need pre-medication (joint/heart)

NOTES FOR THE HYGIENIST OR DENTIST

### APPOINTMENT REQUESTED

☐ Routine cleaning & exam ☐ Restorative (filling, crown) ☐ Periodontal maintenance ☐ Tooth pain or urgent concern

### DENTAL INSURANCE (IF DIFFERENT FROM MEDICAL)

CARRIER

MEMBER ID

GROUP #

Please arrive 10 minutes early with a current list of medications. If you require pre-medication for a joint replacement or heart condition, notify our team at least 48 hours before your visit.

PATIENT (OR GUARDIAN) SIGNATURE

DATE