THE CARING DENTIST

ROSS EPSTEIN, D.D.S.
Fairway Plaza (Kiln Creek) · Newport News, VA 23602
875-CARE

Patient's Name: _____ Date: _____

What do you wish to be called?: _____

Address: _____ Phone: _____
Street City State Zip ❑ Male ❑ Female

Mailing Address if Different: _____

S.S. #: _____ D.O.B.: _____

Occupation: _____ Position: _____ Work #: _____

Employer: _____ E-mail Address: _____

Spouse's Name: _____ S.S. # _____ D.O.B. _____

Mailing Address if Different: _____

Employer: _____ Phone #: _____

Employer Address: _____

INSURANCE

Subscriber Name: _____ Subscriber S.S. #: _____

Primary Insurance: _____ Secondary Insurance: _____

Policy #: _____ Group #: _____ Policy #: _____ Group #: _____

Physician: _____ Medicines: _____

Phone: _____ Allergies: _____

Hospitalizations: _____

CHECK ANY OF THE FOLLOWING:

❑ Thyroid	❑ Heart Problems	❑ Chest Pain	❑ Arthritis	❑ Bleeding Problems
❑ Artificial Joints	❑ Heart Murmur	❑ Breathing Problems	❑ Stomach Problems	❑ Anemia
❑ Contact Lens	❑ Heart Defects	❑ Faint or Seizure	❑ Kidney Problems	❑ Sickle Cell
❑ Smoke	❑ Rheumatic	❑ Diabetes	❑ Tuberculosis	❑ Aids
❑ Glaucoma	❑ High Blood Pressure	❑ Liver Problem	❑ Venereal Disease	❑ Pregnant
❑ Asthma	❑ Stroke	❑ Psychiatric Care	❑ Cancer	

CHECK ANY OF THE FOLLOWING:

❑ Sensitive Teeth	❑ Problem Eating	❑ Reaction to Extractions	❑ Pain in or Around Ears
❑ Bleeding Gums	❑ Jaws Click	❑ Braces	❑ Clench or Grind Teeth
❑ Sores in Mouth	❑ Burning Tongue	❑ Difficulty Swallowing	❑ Reaction to Novocaine
❑ Bad Breath	❑ Facial Injury	❑ Fluoride	❑ Bad Teeth Shape
❑ Bad Dental Experience	❑ Loose Teeth	❑ Bad Teeth Color	

How often do you brush? _____ How often do you Floss? _____

Last Dental Appointment _____ Dentist Name: _____

Chief Complaint (Reason for Today's Visit): _____

What do you like most about your smile? _____

Is there anything you would like to change about your smile? _____

_____

What do you expect from your dentist and staff? _____

_____

What did you like most or least about previous dentist? _____

_____

HOW DID YOU FIND OUT ABOUT OUR OFFICE?

Yellow Pages _____ Egret's Eye _____ Business Card _____

Val-Pak _____ Daily Press _____ Home Owner's Magazine _____

TV _____ Radio (Station) _____ Flyer _____

Drive-by _____ Website _____ Other _____

A Friend _____ (Name) Kiln Creek Function _____

I hereby authorize Dr. Ross Epstein and his staff to take X-rays, study models, photographs, and all other necessary diagnostic aids required to formulate and perform a complete and comprehensive treatment plan. I also agree to comply with the doctor's decision on a systematic order of treatment according to a priority system of standard care. I also give my permission to Dr. Epstein and his staff, in the course of treatment, to consult any and all persons necessary to complete my dental care in a timely and responsible manner. I also agree to a 1.5% monthly interest rate on all delinquent accounts over 30 days, except where previous arrangements have been made. I understand that insurance is not a guarantee of payment and I am responsible for all fees not covered by insurance. I take full responsibility for all late payments made after 60 days by insurance companies. In the event of divorce or separation, I agree to complete the payments for all outstanding bills that remain. I am also responsible for all fees charged by collection agencies and lawyers in pursuit of delinquent accounts. I understand that a minimal fee applies to all failed or cancelled appointments without 24 hours prior notice. All the above information is true and I understand and agree to all of the above policies as set forth by Dr. Ross Epstein.

_____ _____
Patient or Guardian Date

_____ _____
Doctor's Signature Date