



Dental Clinic
 For Front Office Use Only
 STUDENT CLINICIAN _____ DH DA
 UNIT _____

APPT. DATE AND TIME

Patient Personal Information & Medical History

Today's Date _____

Name _____ DOB _____ M ___ F ___

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Cell Phone _____

Emergency Contact Name _____

Relationship _____

Phone Number _____

Physician's Name _____

Address _____

Phone Number _____

Dentist's Name _____

Address _____

Phone Number _____

Date of last dental exam _____

Date of last dental hygiene treatment _____

Date of last dental bitewing x-rays _____

Date of last dental panoramic x-ray _____

Date of last dental full mouth series x-rays _____