

Welcome!

We are pleased you have chosen Kaye Dentistry to be your dental health care team. Our staff is eager to meet you and care for you. Enclosed you will find a medical and dental health form which we ask you to fill out and bring with you for your first visit. These questions will help us to serve you better. Also enclosed is a bit of information regarding our office which you may find useful.

Once again welcome to our office.

Sincerely,

Kaye Dentistry staff

Medical History

Patient's Name _____ Date of birth _____

Address _____ Zip code _____
SS# _____ Phone # _____

Referred by _____

1. Physician Name _____
2. Are taking any medications _____ If so please list them _____

3. Are you allergic to any medication such as

Y_N_ Penicillin	Y_N_ Tetracycline	Y_N_ Latex
Y_N_ Erthromycin	Y_N_ Dental Anesthetic	Y_N_ iodine
Y_N_ Aspirin	Y_N_ Codeine	Y_N_ other

- 4) Are you currently in good health? _____
- 5) Are you under the care of a physician _____
- 6) Are you pregnant? _____ Nursing? _____

- 7) Have you ever had any of these diseases or medical problems?

Y_N_ Heart Attack/Stroke	Y_N_ Psychiatric Problems
Y_N_ Cancer/Chemotherapy	Y_N_ Epilepsy/fainting Spells
Y_N_ Rheumatic Fever/Heart murmur	Y_N_ Diabetes/Tuberculosis
Y_N_ HIV/Aids	Y_N_ Drug/Alcohol Abuse
Y_N_ Heart Surgery/ pacemaker	Y_N_ Sexually Transmitted Disease
Y_N_ Problems with immune system	Y_N_ Abnormal bleeding
Y_N_ Mitral Valve prolapse	Y_N_ Ulcers/colitis
Y_N_ Kidney Problems	Y_N_ Congenital Heart defect
Y_N_ Artificial Bones/joints/valves	Y_N_ Anemia/Radiation therapy
Y_N_ Cardiovascular Disease	Y_N_ Asthma/Arthritis
Y_N_ Sinus problems	Y_N_ Difficulty breathing
Y_N_ High/ low blood pressure	Y_N_ Hepatitis/liver disease
Y_N_ Severe/Frequent headaches	Y_N_ hospitalized for any reason _____
Y_N_ Blood transfusion	_____

Signature of patient _____ Date _____

I have read and understood the above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any other member of his staff, responsible for any errors or omissions I may have made in the completion of this form..

Patient's Name _____

Purpose of visit _____

Are you aware of any problem? _____

How long since your last dental visit _____

What was done at the time? _____

Previous dentist's name _____

Address _____ Phone _____

When was the last time your teeth were cleaned? _____

CIRCLE THE APPROPRIATE ANSWER. IF YOU DON'T KNOW THE CORRECT ANSWER, PLEASE WRITE "DON'T KNOW" ON THE LINE AFTER THE QUESTION.

Have you made regular visits? _____ Yes__ NO__

How often _____

Were dental x-rays taken? _____ Yes__ NO__

Have you lost any teeth or have any teeth been removed? Yes__ NO__

Why? _____ Yes__ NO__

Have they been replaced? _____ Yes__ NO__

How have they been replaced? _____ Yes__ NO__

a. Fixed bridge _____ Age _____

b. Removable bridge _____ Age _____

c. Denture _____ Age _____

Are you unhappy with the replacement? _____ Yes__ NO__

If yes, explain : _____

Would you like to know about permanent replacements? _____ Yes__ NO__

Do you clench or grind your teeth? _____ Yes__ NO__

Does your jaw click or pop? _____ Yes__ NO__

Have you experienced any pain or soreness in the muscles of your face or around your Ear? _____ Yes__ NO__

Do you have frequent headaches, neckaches or shoulder aches? _____ Yes__ NO__

Does food get caught in your teeth? _____ When? _____

Are you sensitive to _Hot _cold _Sweets _Pressure?

Do your gums bleed or hurt? _____ Yes__ NO__

How often do you brush your teeth? _____ Yes__ No__

Do you use dental floss? _____ Yes__ NO__

How often? _____

Are any of your teeth loose, tipped, shifted or chipped? _____ Yes__ NO__

Are you unhappy with the appearance of your teeth? _____ Yes__ NO__

Do you feel your breath is offensive at times? _____ Yes__ NO__

Have you ever had gum treatment or surgery? _____ Yes__ NO__

What? _____ Where? _____ When? _____

Anything we should know about your dental experiences? _____

Kaye Dentistry PLLC
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Financial Policy

We want to do everything we can to help provide patients with payment options that allow them to receive necessary dental treatment.

To help meet your needs and to help us keep our costs down; our dental office will be using a new payment policy. We now ask that patients pay for treatment at the time of service. We now offer the following payment options.

1. The total sum of treatment is paid by check or cash.
2. We accept Visa, MasterCard, Discover or American Express credit cards.

If you have dental insurance we will file any claims on your behalf to your insurance company so that you can obtain any reimbursement due to you for your dental treatment.

Sincerely,

Gary Kaye DDS.,FAGD.