ROBERT D. WHITE, D.D.S.
Wimberley, Texas

Today's Date:_______________________________

Patient's Name:____ Nickname:_______________
Spouse's Name:__________________ Parent's Name (if patient is a child):_________________
Date of Birth:____________ Age:____ SS#:________________ Driver's License #:____________
Home (Mailing) Address:____________________________ City, State, Zip:____________________
Telephone Numbers: Home:_______________ Work:_______________ Cell:________________
Email Address:_____________________________________
Patient Employed by:____ Position:_________________
How Long Held?____ Business Address:____

Purpose of Visit:____
Who may we thank for referring you?____
Physician's Name & Phone #:____
Person Responsible for this Account (if other than you):_____________________________________

Do you have Dental Insurance?_____ (If so, please provide insurance card and driver's license.) Please remember that insurance is considered a method of reimbursing the patient for fees paid to the dentist and is not a substitute for payment. We will be happy to assist you in preparing your insurance claims and to answer any questions you may have.

Are you taking any medicine now?_______ If so, please list these **medications** below:

____

____

Do you have, or have you ever had, any of the following?:

	Yes	No		Yes	No
Rheumatic Fever	___	___	Radiation Therapy	___	___
Heart Murmur	___	___	Asthma	___	___
Heart Disease	___	___	Allergies	___	___
Artificial Joint	___	___	Sinus Problems	___	___
High Blood Pressure	___	___	Allergic Reaction to:		
Prolonged Bleeding	___	___	Aspirin	___	___
Diabetes	___	___	Penicillin	___	___
Epilepsy or Convulsions	___	___	Clindamycin	___	___
Hepatitis	___	___	Codeine	___	___
AIDS or HIV Positive	___	___	Dental Anesthetic	___	___
Chemotherapy	___	___	Latex	___	___
For Women: Are you pregnant?_____			Other	___	___

Any other serious illness not mentioned above?____
How long since your last dental visit?______How long since your last full set of dental x-rays?______
Former Dentist?_________________________________

Notification: Please be aware that delinquent accounts of more than 60 days will be referred to I.C. System, a nationwide collection company, for payment. Delinquent accounts will be charged an annual rate of interest of 18% (monthly rate of 1 ½% per month) on the unpaid balance. Collection fees will also be added to all delinquent accounts.

Signature:____ Date:____________________