Date: _____

Middleton Family Dentistry

Charles M. Middleton, DDS
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Family. It's the people you rely on. At Middleton Family Dentistry, we build relationships with our patients based on trust and comfort. Our friendly team will exceed your expectations and make you feel right at home.

Thank you for choosing us for your dental needs. What brought you to Middleton Family Dentistry?
❑ Website ❑ Google/Internet Reviews ❑ Facebook ❑ Insurance ❑ Referral _____ ❑ Other _____

You have the responsibility to provide, to the best of your ability, accurate, honest and complete information about your medical history and current health status.

Patient Information Check appropriate box: ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Minor *(under 18 years old)*
First Name: _____ Middle Initial: _____ Last Name: _____
Birthdate (mm/dd/yyyy): _____ Email: _____ Phone#: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Gender: ❑ Male ❑ Female ❑ Other _____ Social Security #: _____
Employer: _____ Employer's Phone#: _____

Responsible Party ❑ Check here if same as above.
Parent/Guardian's Full Name: _____ Birthdate: _____ Phone#: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Emergency Contact: _____ Relation: _____ Phone#: _____

Insurance Information Policy Holder's Name: _____ Birthdate: _____ Group#: _____
ID/SS#: _____ Insurance Carrier: _____ Insurance Phone#: _____

Dental History Previous Dentist: _____ Last Exam Date: _____

Medical History

	Yes	No
1. Are you pregnant or currently nursing?	☐	☐
2. Have you been hospitalized for a surgical operation or serious illness within the last 5 years? If yes, please explain _____	☐	☐
3. Are you taking any medications, including non-prescription medicine? If yes, please explain _____	☐	☐
4. Have you taken Viagra, Revatio, Cialis, or Levitra in the last 24 hours?	☐	☐
5. Do you use tobacco products and/or vaping devices?	☐	☐
6. Do you use controlled substances?	☐	☐
7. Are you allergic to or have you had any reactions to any of the following?		
Local anesthetics (e.g., Novocaine)	☐	☐
Penicillin	☐	☐
Sulfa Drugs	☐	☐
Barbiturates	☐	☐
Sedatives	☐	☐
Hydrocodone/Codeine	☐	☐
Aspirin	☐	☐
Metals (e.g., nickel, mercury, etc.)	☐	☐
Latex Rubber	☐	☐
Other (please list) _____	☐	☐
8. Have you traveled outside of the country in the past 21 days?	☐	☐

	Yes	No
9. Do you have or have you had any of the following?		
Joint Replacement or Implant	☐	☐
High/Low Blood Pressure	☐	☐
Heart Disease/Attack	☐	☐
Cardiac Pacemaker	☐	☐
Valve replacement/Endocarditis	☐	☐
Mitral Valve Prolapse	☐	☐
Cancer/Leukemia/Radiation Therapy	☐	☐
Stroke	☐	☐
Arthritis	☐	☐
Hepatitis/Jaundice	☐	☐
Sexually Transmitted Infection	☐	☐
Aids or HIV Infection	☐	☐
Stomach Troubles/Ulcers	☐	☐
Tuberculosis	☐	☐
Glaucoma	☐	☐
Asthma/COPD/Emphysema	☐	☐
Sleep Apnea	☐	☐
Fainting/Seizures/Epilepsy	☐	☐
Diabetes	☐	☐
Kidney Disease	☐	☐
Thyroid Problem (hypo/hyper)	☐	☐

10. Are you currently taking or have you taken any of the following medications for osteoporosis?

☐ Actonel (Risedronate) ☐ Aredia (Pamidronate)
☐ Zometa (Zoledronic) ☐ Fosamax Plus D
☐ Bonefos (Clodronate) ☐ Skelid (Tiludronate)
☐ Didronel (Etidronate) ☐ Boniva (Ibandronate)
☐ None

ACKNOWLEDGEMENT OF HIPAA

Please check one. I have read a copy of Middleton Family Dentistry's HIPAA Privacy Notice.

☐ I **allow** the following person(s) to obtain my information protected by the HIPAA Privacy Notice.

_____ and _____

The person(s) above may have access to my treatment, billing, and appointment information.

☐ I **do not allow** anyone outside of Middleton Family Dentistry to have access to this information.

FINANCIAL POLICIES & PATIENT RESPONSIBILITIES

Thank you for choosing Middleton Family Dentistry. An important part of our mission is making the cost of optimal care manageable by providing several payment options. Please read through the policies and let us know if you have any questions.

- Middleton Family Dentistry requires payment at the beginning of treatment.
- Care Credit is subject to credit approval. No discounts are offered for payment with Care Credit.
- For patients with dental insurance, we are happy to work with your carrier to maximize your benefits. However, all co-pays or estimated patient portions are due at the time of service. If we receive more than is estimated from insurance, we will issue a refund to you. In the event that your insurance pays less than what was estimated, the new balance due will be your responsibility.
- It is the patient's/guardian's responsibility to know their dental insurance benefits and to notify and provide current insurance information to our front office staff before services are rendered.
- Any overdue balance not paid within 30 days will be subject to a finance charge of 1.5% monthly (18% annually). Any account with a patient balance over 90 days may be turned over to a collection agency for collection, and any fees charged by the agency and/or attorney will be the patient's responsibility.
- Middleton Family Dentistry will charge a $40.00 return check fee.

APPOINTMENT POLICIES

- In our office, we value the time appointed for all of our patients. If you are unable to make it to your appointment on time, please call, and we may be able to find a later appointment for you on the same day if the schedule permits.

- As a courtesy to the practice and other patients, please give at least 48 hours notice if you need to cancel or reschedule, so that we may offer that appointment time to another patient. We reserve the right to charge a $35.00 administrative fee for not showing up to an appointment, or for appointments cancelled without a 48 hour notice.

By signing below, I have read and understand the information presented, and all my questions have been answered.

Signature: _____ Date: _____