HEBRON
FAMILY DENTISTRY
VALERIE WATSON, DDS, LLC

Welcome to our office!

Personal Information

First Name_____Middle Initial_____Last Name_____Preferred Name_____

Please check all that apply ____Male ____Female ____Child ____Single ____Married ____Widowed

Birthdate_____Soc. Sec. Number_____

If the patient is a child please provide first and last names of all parents/guardians:

_____

Address _____

City, State, Zip _____Email_____

Home_____Cell_____Work_____

What is the best time and phone number to reach you?_____

May we contact you by text message? _____yes _____no

Employer_____ Emergency Contact_____Phone_____

Insurance Information

Insured's Name_____Insurance Company_____

Relationship to Insured ____Self ____Spouse ____Child ____Other Insured's birthdate_____

Insured's Employer_____ Group No._____

Insured's Soc Sec number or Insurance id number_____

Secondary Insurance (if applicable):

Insured's Name_____Insurance Company_____

Relationship to insured ____Self ____Spouse ____Child ____Other Insured's birthdate_____

Insured's Employer_____ Group No._____

Insured's Soc Sec number or Insurance ID Number_____

Release Statement

In our office, your appointment time is reserved for you. We pride ourselves on giving patients the extra attention they deserve. We request **48 hours** if you need to reschedule an appointment. We reserve the right to charge patients who reschedule with inadequate notice or who fail to keep their appointment.

In order to provide quality dental care, we request all of our patients pay their estimated personal cost of treatment at the time of their visit. As a courtesy, we will file your dental insurance claims and bill your dental insurance for treatment you receive. However, in the event your insurance does not for any reason pay the estimated portion within 90 days, the balance will become the patient's responsibility and will be billed directly to you.

I have read, understand, and accept the terms of the above guidelines. Also, I wish to assign insurance benefits to Hebron Family Dentistry-Valerie Watson DDS LLC and understand that I am ultimately responsible for payment of ANY and ALL services rendered, regardless of insurance reimbursement.

Signature_____Date_____

Hebron Family Dentistry • 2940 Hebron Park Drive • Hebron, KY • 41091
Phone (859)689-2021 • www.hebronfamilydentistry.com • email - frontdesk@hebronfamilydentistry.com

Health Information

Patient Name_____Date of Birth_____Todays Date_____

Physician Name_____ Physician Phone _____

Please list all medications, supplements, and vitamins that you are taking:

_____

_____

Have you ever taken osteoporosis treatment drugs? _____Yes _____No

Female patients: Are you taking birth control pills? _____Yes _____No

Are you pregnant _____No _____Yes If yes due date_____ Are you nursing _____Yes _____No

Health Conditions

Are you allergic to any of the following:

_____Penicillin _____Sulfa Drugs _____Latex _____Metals _____Codeine _____Local anesthetics

Other (please explain)_____

Have you had any surgeries or operations?If yes, please explain._____

Do you have an artificial joint? ____No _____Yes (please explain)_____

Have you ever been told you need to take antibiotics prior to dental work? _____Yes _____No

Please circle any and all of the following diseases or medical conditions that you have or have had in the past:

Acid Reflux	Congenital Heart Failure	Heart Attack	Pacemaker
Alzheimer's/Memory loss	Diabetes	Heart Murmur	Radiation Treatment
Anemia	Difficulty Breathing	Heart Surgery	Shingles
Anorexia/Bulimia	Drug/Alcohol Abuse	Hemophilia/Abnormal	Smoking/Tobacco use
Arthritis	Emphysema	Bleeding	Sinus problems
Artificial Heart Valve	Epilepsy/Seizures/Fainting	Hepatitis	Snoring/Sleep Apnea
Asthma	Glaucoma	High/Low Blood Pressure	Thyroid Problems
Blood transfusion	Gastrointestinal Disorder	HIV/AIDS	Tuberculosis
Cancer/chemotherapy	Headaches/Migraines	Kidney problems	Tumor
Cold Sores/Herpes	Hearing Impaired	Mitral Valve prolapse	Venereal Disease

Would you like to speak privately with the doctor about any problems or concerns? _____Yes _____No

I certify that the information provided today is correct to the best of my knowledge and that it is my responsibility to notify the dental office of any changes in my medical history.

Signature - _____

Updates/Blood Pressure:

Date_____ Date_____ Date_____

Date_____ Date_____ Date_____

Hebron Family Dentistry • 2940 Hebron Park Drive • Hebron, KY • 41091
Phone (859)689-2021 • www.hebronfamilydentistry.com • email - frontdesk@hebronfamilydentistry.com

Dental History

Patients Name_____Date_____

How long since your last dental visit? ☐ First Visit ☐ Six Months ☐ One Year ☐ 2 Years ☐ 3+years

How many times a week do you do the following oral health activities?

Brush _____ Floss_____ Rinse with Mouthwash_____

Do your gums bleed when you brush or floss? _____Yes _____No

Do you have any additional oral health concern? _____Bad Breath _____Altered taste _____TMJ problems

Other _____

Cosmetic

Are you happy with your smile? _____

Is there any thing about your smile you would like to change? ____Color ____Shape ____Other (please explain)

_____

Comfort

Do any of the following cause you concern when making dental visits?

____Discomfort/Pain _____Anxiety/Fear ____Cost/Insurance ____Inconvenience/Time

____Other(please explain)_____

Office

How did you hear about us?

___Friend/Relative(name?)_____ ___Mailer ___Website/Internet Search ____Facebook/Twitter

_____Sign ____Other_____

HIPAA

This acknowledges that I have received a copy of Hebron Family Dentistry's notice of privacy practices. I understand I may refuse to sign.

Signature _____Date_____

Consent

I hereby authorize the office of Dr. Valerie Watson to perform any diagnostic examinations and x-ray procedures they deem necessary, including photographs and the administration of anesthetic or treatment deemed necessary or advisable in the treatment of my dental condition.

Signature_____ Date_____

Hebron Family Dentistry • 2940 Hebron Park Drive • Hebron, KY • 41091
Phone (859)689-2021 • www.hebronfamilydentistry.com • email - frontdesk@hebronfamilydentistry.com