

Highland Lakes Dental

26540 Ace Ave Ste G-105

Leesburg, FL 34748

(352)326-4404



Chart #.

FOR OFFICE USE ONLY

Patient Name:
Last First MI Preferred Name

Title: Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: SS #: Prev. Visit:

Email Address: Best time to call:

Phone:
Home Work Ext Mobile Fax Other

Address:

City State Zip Code

Name of Insured:
Last First MI

Insured's Birth Date: ID #: Group #:

Insured's Address:

City State Zip Code

Insured's Employer Name:

Employer Address:

City State Zip Code

Patient's relationship to insured: Self Spouse Child Other

Insurance Plan Name:

Insurance Address:

City State Zip Code

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- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Anemia | <input type="checkbox"/> Antibiotic Pre-Med |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Artificial Joints |
| <input type="checkbox"/> ARTIFICIAL VALVES | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Blood Thinners | <input type="checkbox"/> Cancer/Chemo/Radiati | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Heart Defect | <input type="checkbox"/> Heart Disease/Disord | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Heart Surgery | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Hereditary Angioedem | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> HIV + AIDS | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Lung Disorders | <input type="checkbox"/> Med for Osteoporosis |
| <input type="checkbox"/> Mental Disorders | <input type="checkbox"/> MitralValve Prolapse | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Radiation Treatment |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> TMJ Disorders |
| <input type="checkbox"/> Trauma to Head | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Venereal Disease | | |

Allergies:

- | | | | |
|-------------------------------|-------------------------------|--|------------------------------------|
| <input type="radio"/> Aspirin | <input type="radio"/> Codeine | <input type="radio"/> Dental Anesthetics | <input type="radio"/> Erythromycin |
| <input type="radio"/> Metals | <input type="radio"/> Latex | <input type="radio"/> Penicillin | <input type="radio"/> Tetracycline |

Medications:

Patient:

Signature: _____

Date:

Response Date: