

Rinaldo Caponera D.M.D. *Orthodontics*

Patient Information

Date _____

Name _____ E-mail: _____

Birth date _____ Age _____

Address _____

City _____ Zip _____

Home # _____ Cell # _____ Work # _____

Patient's dentist _____

Whom may we thank for referring you? _____

Have you ever visited our office previously? Yes or No

Health History

Please check yes or no

Yes No

 Presently under a physician's care

 Taking prescribed medications

 Allergic to anything, especially medications

 Are you currently taking or have you ever taken bisphosphonates

 Ever been hospitalized or had major surgery

 History of rheumatic fever or heart disease

 Blood disorders such as Hepatitis, HIV infection or AIDS

 Asthma or breathing problems

 Do you smoke

 Dental problems other than orthodontics

 Habits such as thumb sucking, nail biting or tongue thrusting

 Clicking of the jaws, TMJ problems or pain eating

 Previous orthodontic treatment

 Do you need special medication for dental treatment

Other pertinent information

Signature of patient or parent if child
(Please complete information on back)

Parent's Information (please complete this section for children)

Father's name _____

Mother's name _____

Address if different _____

Do you have dental insurance? Yes No

Primary Dental Insurance

Responsible person _____

Birth date of insured person _____ Soc. Sec. # _____

Insurance company _____ Group no. _____

Insurance Co. address _____ Phone _____

City _____ State _____ Zip _____

Additional Dental Insurance (secondary coverage)

Responsible person _____

Birth date of insured person _____ Soc. Sec. # _____

Insurance company _____ Group no. _____

Insurance Co. address _____ Phone _____

City _____ State _____ Zip _____

Thank you for filling out our registration form.

This free initial examination is to let you know if you need orthodontic treatment and whether this is the time to begin treatment. If treatment is necessary, we will inform you of what it will cost and schedule another appointment.

If you have dental insurance please let us make a copy of your insurance card. We will call your insurance company to verify coverage, and to see if there is a special orthodontic fee schedule. This will take a few minutes prior to your examination.