M&G Family Dentistry

Recurring Patient Annual Information Update

Date:_____

- Last Name_____ First Name _____
- Date Of Birth:_____
- Best Phone Number :_____ Email: _____
- Any Changes to your home address? YES or NO, If yes please list new address below :
  Address_____State_____Zip_____

- Have there been **any changes to your dental insurance**? No / Yes (Please Circle)
  If yes Please, **Call us or provide our staff with the new information**

- Are you having any dental pain today? YES NO (Please Circle)
  Please Circle Your Dental Concerns:
  Pain Cavities Teeth Cleaning Teeth Whitening Missing Teeth
  Jaw Pain Braces Teeth Sensitivity Other:_____

This is an annual update form and it serves to update/renew any form you have filled with us before such as (Confidentiality, Financial Policy Agreement , communication consents , periodic examinations and teeth cleanings consents) [_____] Initial.

Medical History Update

1- Have you been diagnosed with any new medical conditions since the last time you been to our office? YES OR NO (Please Circle) If yes, please explain:

_____

_____

2- Have you had any new operations since your last visit? If yes, please list below:

_____

_____ _____

3. Please, List any Allergies :

_____

_____ _____

4- Are you taking any new medications? o No o Yes If yes, please list below:

New Medication #1 Name: _____Dosage : _____
Frequency:_____ Date started : _____ For what reason? _____

New Medication #2 Name: _____Dosage : _____
Frequency:_____ Date started : _____ For what reason? _____

*If you're taking more than two medications, please provide a complete list to our doctor or staff.

I certify that I have read and understand this form.
I will not hold M&G Family Dentistry: doctors or staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form.
I will notify my dentist of any changes in my health.

Patient/guardian signature _____ Date: _____
Doctor Signature: _____