HAMILTON ORTHODONTICS

Raleigh | Fuquay Varina
Info@Hamilton-Smiles.com
(919) 870-4443

Patient Information

Today's Date _____ Male ☐ Female ☐ Other: ☐ _____

Name _____
Last First MI

Date of Birth _____ Age _____ Common Name _____

Address _____
Street City/State/Zip

Home # _____ Cell # _____ E-Mail _____

Interests: _____

Responsible Party Information

Name _____ Relationship to Patient _____
Last First MI

E-Mail _____ Employer/Occupation _____

Home # _____ Cell # _____ Rsp SS # _____ Marital Status: _____

Rsp #2 _____ Relationship to Patient _____
Last First MI

E-Mail _____ Employer/Occupation _____

Home # _____ Cell # _____ Rsp SS # _____ Marital Status: _____

Medical/Dental/Additional Information

General Dentist _____ Last Visit Date _____

Is the patient under the care of a physician for a specific problem at this time? _____

Please list all medications (Rx & supplements) _____

List any drug sensitivities or allergies _____

Please check all of the following that apply:

☐ Asthma ☐ Jaw Joint Pain ☐ Teeth Grinding ☐ Hepatitis ☐ Bisphosphonate Therapy
☐ Diabetes ☐ Bone Disorders ☐ Heart Condition ☐ AIDS/HIV
☐ Epilepsy ☐ ADD/ADHD ☐ Kidney Problems ☐ Endocrine Problems

Has the patient ever had any trauma to the face, jaws, and/or teeth? ☐ Yes ☐ No

Has the patient been informed about missing /extra teeth? ☐ Yes ☐ No

Has an orthodontist previously been consulted? ☐ Yes ☐ No

Has the patient had any previous orthodontic treatment? ☐ Yes ☐ No

How did you hear about our office?

What treatment are you interested in? ☐ Braces ☐ Clear Aligners/Invisalign

Select the payment option(s) of interest:

☐ Interest Free Payments ☐ Payment In Full ☐ Low Down-Payment ☐ HSA/FSA

How soon would you like to start treatment? ☐ ASAP ☐ Within the Month ☐ Other: _____

Patient or Authorized Person's Signature

To the best of my knowledge, the above information is true. I understand that it is my responsibility to inform the practice of any changes in medical status. By signing this form I also acknowledge that I have been given the opportunity to review the Notice of Privacy Practices.

Signature _____ Date _____