PROSTHODONTIC SPECIALISTS

7201 Creedmoor Road, Suite 120
Raleigh, NC 27613
Phone (919) 846- 6622 / Fax (919) 846 - 8012

PATIENT INFORMATION UPDATE

Name _____ Date _____

It is vitally important towards the success of your dental treatment that we have a current update of your patient information

Since your last visit to our dental office, have there been any changes to the following: (please check and complete)

Change of Name (first or last)? ☐ Yes ☐ No If yes, _____

Change of Address? ☐ Yes ☐ No

If yes, _____
Street City State Zip Code

Change of Phone Number? ☐ Yes ☐ No
(Home) _____ (Cell) _____ (Work) _____ Ext. _____

Emergency Contact Information ☐ Yes ☐ No

_____
Name Relationship Phone Number

Change of Employment? ☐ Yes ☐ No Employer's Name _____

Change of Dental Insurance? ☐ Yes ☐ No

_____
Provider's Name Subscriber ID# Phone

****Please be advised, we are a Medicare opt out facility. No provided services will be filed for Medicare reimbursement.**

Has there been any change in your health within the past two years? ☐ Yes ☐ No
If yes, _____

_____

_____

Have you had surgery or been hospitalized within the past two years? ☐ Yes ☐ No
If yes, _____

_____

Do you have any newly diagnosed allergies within the past two years? ☐ Yes ☐ No
If yes, _____

_____

Please list all medications you are currently taking _____

_____

_____

Please indicate any other additions or changes _____

_____