Orthodontic Associates of Collegeville, P.C.
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Orthodontics for Children & Adults

Creating Generations of Smiles

UPDATE YOURSELF

ABOUT YOURSELF

Name: _____Date of Birth_____/_____/_____
Mailing Address: _____City: _____
State: _____ Zip: _____ Email: _____
Cell Phone: _____ Other Phone: _____
Marital Status: ☐ Single ☐ Married ☐ Partnered ☐ Divorced ☐ Separated
Spouse Name if applicable: _____ Spouse Phone: _____

INSURANCE INFORMATION

Has any of your insurance information changed? ☐ **No** ☐ **Yes** ***If no insurance changes, please skip to next section**
Insurance Co. Name: _____ Phone: _____
Subscriber Name: _____ Relation to Patient: _____
Subscriber ID#_____ Group #_____
Subscriber Employer: _____ Subscriber DOB: ____/____/_____

☐ I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I understand I am financially responsible for any balance not paid by my insurance company. ***Please put your initials in the box***. Please provide this office with any new Primary/Secondary Insurance cards.

MEDICAL/DENTAL INFORMATION

Name of **GENERAL DENTIST**: _____

1. Have there been any changes to your health? If yes, please explain: ☐ Yes ☐ No
   _____
2. Are you taking any medication? If yes, what? _____ ☐ Yes ☐ No
3. Do you have a medical condition (heart murmur, heart defect, etc.) ☐ Yes ☐ No
   that requires antibiotics prior to dental treatment?
4. Are you allergic or sensitive to a medication or other product? ☐ Yes ☐ No
   If yes, what? _____
5. Are you allergic or sensitive to latex, metals or plastics? Which? _____ ☐ Yes ☐ No
6. Do you have an oral habit? (i.e. finger sucking, lip/nail biting, grinding/clenching) ☐ Yes ☐ No
   If yes, which? _____
7. Is there anything about your teeth, mouth or jaw that concerns you? ☐ Yes ☐ No
   If yes, please explain_____

I understand the above information was completed to the best of my knowledge and understand it is my responsibility to inform this office of any further changes to the information I have provided.

Signature_____

Today's Date _____