Brinster Dental
& Smile Enhancement
Cosmetic, Orthodontic, and Restorative Dentistry

Omni Professional Center
4000 Mitchellville Road, Suite A200
Bowie, Maryland 20716
301-262-3311

Patient Information

Name _____ Birthdate _____
Last First Middle

Resident Address _____
Street City Zip Phone

Employer _____ Occupation _____ No./yrs. _____

Address _____
Street City Zip Phone

Do you have dental insurance? Yes No Your Social Security No. _____

Marital Status: M W S D Name of Spouse _____

Spouse's Employer _____ No./yrs. _____

Address _____
Street City Zip Phone

Who is responsible for your account? _____ Social Security No. _____

Who referred you to our office? _____

Medical Information History

CIRCLE THE APPROPRIATE ANSWER. YOUR ANSWERS WILL BE CONFIDENTIAL.

Yes No Are you taking any medication, drugs or pills? If yes, what?
Yes No Are you presently in good health?
Yes No Have you been under a physician's care in the last 2 years?
Yes No Last Medical Exam _____ Name of Physician _____

ARE YOU ALLERGIC TO OR TOLD NOT TO TAKE:
Yes No Penicillin
Yes No Codeine
Yes No Others (Please specify) _____

HAVE YOU EVER BEEN TREATED FOR OR DO YOU HAVE:

Yes No Heart disease
Yes No Rheumatic fever
Yes No High blood pressure
Yes No Shortness of breath
Yes No Pain, pressure in chest
Yes No Anemia
Yes No Excessive bleeding
Yes No Heart murmur
Yes No Mitral Valve Prolapse
Yes No Stroke
Yes No Jaundice
Yes No Hepatitis
Yes No Glaucoma
Yes No Ulcers
Yes No A.I.D.S.
Yes No Herpes

Yes No Tuberculosis or lung disease
Yes No Asthma or hay fever
Yes No Allergies (including jewelry)
Yes No Persistent cough
Yes No Epilepsy
Yes No Fainting spells
Yes No Sinus trouble
Yes No Nervous problems
Yes No Cancer
Yes No Arthritis
Yes No Diabetes
Yes No Ear problems

FOR WOMEN:
Yes No Are you pregnant?
Due date? _____
Yes No Are you on birth control pills?

Yes No Do you have any other condition or disease that we should know about?