



BURBADENTAL PARTNERS

Advanced Cosmetic Dentistry

Dr. Randy Burba, D.M.D & Dr. Stanley Burba, D.D.S

PATIENT INFORMATION

Name: _____ Date of Birth ____/____/____ Social Security # ____-____-____

Address: _____ City: _____ State: _____ Zip: _____

Telephone numbers: (H) () - (W) () - (Cell) () -

Employer: _____ Email: _____

Physician: _____ Address: _____ Tel. # () -

Pharmacy: _____ City/Town: _____

Emergency Contact Person/Relationship: _____ Tel.# () -

INSURANCE INFORMATION Do you carry dental insurance? Yes No

Insurance Company: _____ Insured Name: _____

Insured S.S. # ____-____-____ Insured Date of Birth: ____/____/____ Insured Employer: _____

Group # _____ Insurance ID # _____

MEDICAL INFORMATION

Please List **ALL** Medications Currently Taking:

Medication:	Medical Condition:	Dosage:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any serious illnesses or hospital stays:

Do **you have** or **have had** any of the following problems:

- | | | | |
|---|--------|--------------------------------------|--------|
| 1. Heart disease
(murmur, stroke, mitral valve prolapse) | Yes No | 7. Hepatitis (A B C Please circle) | Yes No |
| 2. High Blood Pressure | Yes No | 8. Arthritis or joints | Yes No |
| 3. Diabetes | Yes No | 9. Kidney problem | Yes No |
| 4. Asthma | Yes No | 10. Ulcers | Yes No |
| 5. Seizures | Yes No | 11. T.B., HIV | Yes No |
| 6. Liver Disease | Yes No | 12. Hip, knee, or joint replacement? | Yes No |
| | | 13. Allergy to metals or jewelry? | Yes No |

PLEASE LET US KNOW IF YOU ARE TAKING ANY VITAMIN E, BABY ASPIRIN, REGULAR ASPIRIN OR ANY BLOOD THINNER YES _____ NO _____

Circle any **allergic reactions** to the following:

Local Anesthetics – Penicillin – Sulfa – Aspirin – Codeine – Narcotics – Others: _____

Are you experiencing any Dental problems? _____

Have you had any serious problems associated with any previous dental treatment? _____

Do you (circle all that apply) Smoke? Grind your teeth? Snore? Have gums that bleed easily?

Patients Signature: _____ **Date** ____/____/____