

Children's Dental Zone

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Childrensdentalzone.com



Medical & Dental History Update

Patient's Name:

Has the patient been hospitalized recently?

* Yes No

Medical condition(s) patient is currently being treated for:

Any and ALL medication(s) patient is currently taking:

Any and ALL allergies:

Dental concerns:

Is there anything you would like to discuss with the doctor in private or not in front of your child?

* Yes No

* To the best of my knowledge, all of the preceding information is true and correct and this will serve as my electronic signature.

* I am familiar with the Consent for Services Policy and Broken Appointment Policy of this office and this will serve as my electronic signature.

Signature: _____

Date:

Response Date: