

Whispering Pines Dental

Suzanne M. Wilbur, D.M.D.

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PERSONAL

Name: _____ Preferred: _____

Birthdate: _____ Male: _____ Female: _____ Mr: _____ Ms: _____ Mrs: _____ Single: _____ Married: _____ Divorced: _____ Separated: _____ Widowed: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____ Referred By: _____

RESPONSIBLE PARTY/DENTAL INSURANCE: (Please be prepared to show insurance card)

Subscriber Name: _____ SS# or Subscriber ID: _____

DOB: _____ Employer: _____ Insurance Company: _____

IC Phone: _____ Address: _____ Group Name or Number: _____

SECONDARY DENTAL INSURANCE:

Subscriber Name: _____ SS# or Subscriber ID: _____

DOB: _____ Employer: _____ Insurance Company: _____

IC Phone: _____ Address: _____ Group Name or Number: _____

INSURANCE AUTHORIZATION: If applicable, I certify that I am covered by the policy listed above, by signing below I assign directly to Dr. Suzanne Wilbur all insurance benefits, otherwise payable to me. I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductible that my insurance does not cover. I hereby authorize the dentist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submission, whether manual or electronic.

Signature: _____ Date: _____

MEDICAL HISTORY

Primary

Care Physician: _____ Phone: _____

ALL MEDICATIONS TAKING:

ALLERGIES:

Y N Anesthetic
Y N Aspirin
Y N Codeine
Y N Erythromycin
Y N Ibuprofen
Y N Iodine
Y N Jewelry
Y N Latex
Y N Metals
Y N Penicillin
Y N Sulfa
Y N Tetracycline

Other:

MEDICAL CONDITIONS:

Y N Auto Immune Disease
Y N Back Problems
Y N Cancer/Chemotherapy
Y N Chemical Dependency
Y N Colitis
Y N Dental Implant
Y N Diabetes
Y N Dialysis
Y N Difficulty Breathing
Y N Epilepsy
Y N Fainting Spells
Y N Fibromyalgia
Y N Headaches
Y N Heart Condition
Y N Heart Surgery
Y N Hemophilia
Y N High Blood Pressure
Y N HIV&AIDS
Y N Jaw Pain
Y N Kidney Problems
Y N Liver Disease
Y N Low Blood Pressure
Y N Lung Disease/Disorder
Y N Lupus
Y N Migraines
Y N Organ Transplant
Y N Pace Maker
Y N Periodontal Treatment
Y N Pregnant
Y N Psychiatric Treatment
Y N Radiation Therapy
Y N Rheumatic Fever
Y N Rheumatism
Y N Seizures
Y N Sickle Cell Disease
Y N Shingles
Y N Sinus Problems
Y N Sores/Fever Blisters
Y N Steroid Treatment
Y N Street Drugs
Y N Stroke
Y N Thyroid Problems
Y N Tuberculosis
Y N Ulcers/GERD
Y N Use Tobacco
Y N Vertigo

Other:
