



NEW LENOX DENTAL GROUP

1600 W Lincoln Highway

New Lenox, IL 60451

(815) 485-2345

Annual Update

Today's Date _____

Name _____

Address _____

What is the best phone number to contact you at? _____

Please provide your email address and mobile phone number below for our office to contact you through.

Email Address: _____

Mobile #: _____

- Have there been any changes in your overall health in the past 12 months including surgery or hospitalization?

NO _____ YES _____ Please explain _____

- Are you currently under the care of a physician due to any specific conditions?

NO _____ YES _____ Please explain _____

- Are you currently taking any prescription drugs or non-prescription drugs?

NO _____ YES _____ Please list all: _____

- Do you smoke or use tobacco in any other form? NO _____ YES _____

- Women only: Are you pregnant? NO _____ YES _____ Due Date _____

Have there been any changes with your dental insurance coverage?

NO _____ YES _____ (If yes please provide our front office staff with your current card)

I hereby certify that I have read and understand the previous information and that it is accurate and true to the best of my knowledge. I acknowledge that providing incorrect and/or inaccurate information has the potential of being hazardous to my health.

SIGNATURE OF PATIENT, PARENT OR GUARDIAN _____

RELATIONSHIP TO PATIENT _____ **DATE** _____