



BRIAN EDWARDS, DDS
AMANDA JENNEY, DDS

Patient Information

Last Name	First Name	Middle Initial	
Preferred Name	Referred By		
Address	City	State	Zip
Cell Phone	Home Phone	Birthdate	/ /
Email	Gender	M	F
Occupation	Single	Married	Divorced Separated

Emergency Contact

Last Name	First Name
Cell Phone	Home Phone

Financial

Who is financially responsible? Please circle: Self (same information as above) Other (please fill out below)

Last Name	First Name	Middle Initial	
Address	City	State	Zip
Cell Phone	Home Phone		

I agree to be responsible for any charges on this account

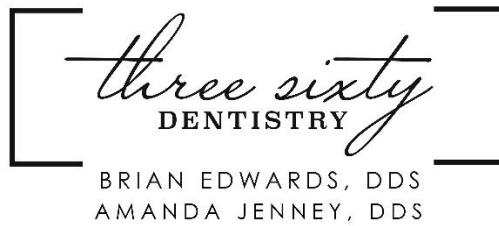
Financial Party's Signature: _____

Primary Dental Insurance

Ins. Co. Name	Ins. Co. Phone Number
Employer	Social Security Number
ID Number	Group Number
Subscriber's Name	Date of Birth

Secondary Dental Insurance

Ins. Co. Name	Ins. Co. Phone Number
Employer	Social Security Number
ID Number	Group Number
Subscriber's Name	Date of Birth



Getting to Know You & Your Dental History

1. Do you have any concerns with your Oral Health? **No** **Yes**

2. How did you hear about our office? _____

3. Have you had any positive or negative experiences in a dental office that we should know about? **No** **Yes**

4. In a dental setting, rate your level of nervousness:
Comfortable **0** **1** **2** **3** **4** **5** *Apprehensive*

5. Do you like being proactive with your oral health or do you prefer to wait until something hurts &/or breaks? **Prevent** **Wait**

6. Is there something you would like to change about your smile? **No** **Yes**

7. Have you had trouble getting numb for past dental procedures? **No** **Yes**

8. Do you have a dry mouth? **No** **Yes**

9. Have you ever taken antibiotics prior to dental treatment? **No** **Yes**

10. Would you like us to go over the fees for today's visit with you? **No** **Yes**



BRIAN EDWARDS, DDS
AMANDA JENNEY, DDS

Medical History

- *NO EPINEPHRINE
- High Blood Pressure
- Low Blood Pressure
- Heart Valve Replaced
- Heart Disease/Surgery
- Chest Pain/Angina
- Heart Attack
- Congen. Heart Defect
- Mitral Valve Prolapse
- Pacemaker
- Heart Murmur
- Bleeding Problems
- Blood Disease
- Anemia/Low Iron
- Stroke
- High Cholesterol

- Sinus Problems
- Asthma
- Respiratory Problems
- Tuberculosis

- Liver Disease
- Hepatitis
- HIV OR AIDS

- *PRE-MED ANTIBIOTICS
- Artificial Joint
- Cortisone/Steroids
- Arthritis/Rheumatism
- Multiple Sclerosis
- Osteoporosis
- Have you ever taken Bisphosphonates?

- Dental/Needle Phobic
- High Anxiety/Nervous
- Depression
- ADD OR ADHD
- Mental/Psych. Disorder
- Down Syndrome
- Dementia
- Hearing Loss
- Dizziness or Fainting
- Seizures or Epilepsy

- Hx Drug or Alcohol Abuse
- Tobacco Products
- Vaping
- Marijuana

- *PREGNANT (CURRENTLY)
- Taking Birth Control

- *MEDICATION ALLERGY
- Latex Allergy
- Sulfa Allergy
- Penicillin Allergy
- Iodine/Shellfish Allergy

- *No Fluoride
- TMJ click/pop/pain
- Teeth Clench/Grind
- Sleep Apnea
- Snoring
- Dry Mouth
- Viral / Cold Sores

- Kidney Disease
- Thyroid Disease
- Diabetes

- Cancer (type?)_____
- Chemotherapy Tx.
- Radiation Tx.

- Stomach/GI Problems
- Acid Reflux/GERD
- Eat/Drink Grapefruit

Please list all MEDICATIONS that you are taking and WHY you are taking them:

Please list all ALLERGIES:

Please list all HOSPITALIZATIONS:

Are you currently being treated by your Physician for something? No Yes _____



BRIAN EDWARDS, DDS
AMANDA JENNEY, DDS

3 Year Warranty Guarantee:

We are confident in our ability to provide you with the best possible dental care. If any material failures occur or changes need to be made, our office will provide you with the following guarantee:

- 1st year of service (from time of placement): 100% Coverage (you pay nothing)
- 2nd year of service: 50% Coverage (you pay 50%)
- 3rd year of service: 0% (you are fully responsible)

*Please note that teeth whitening, periodontal therapy, bonding on the edges of teeth, and TMJ treatment are not covered by this guarantee.

Financial Policy:

1. All payments are due in full at time of service. We accept check, cash, credit cards, HSA, Flex, or Apple Pay.
2. Our website www.ThreeSixtyDentistry.com has a secure payment portal to pay online. The link is located at the top right, labeled "Online Payments".
3. Crown, bridge, implant, or any other procedures with a lab component, have the option to pay half on the initial preparation appointment and half on the delivery appointment.
4. We accept all PPO dental insurance plans and are in-network with United Concordia Pro-Elite Plus, Cigna DPPO Z230 and Delta Premier/PPO.
5. If you have dental insurance, our computer system will estimate your out-of-pocket expense before treatment. Once the insurance claim has been processed, your account will be updated with your final balance or credit, in which all account balances must be paid within 30 days.
6. For any treatment over \$1,000, we offer a 12-month Interest free payment plan through a third-party finance company, CareCredit (co-signers allowed).

Cancellation Policy:

We do not double book appointments, to give you attentive service and reduce waiting times. We will do our best to be on time and we ask for the same in return.

We require a 48-hour notice for any appointment change. Failure to do so may result in a broken appointment fee of \$75. For some patients it works best to pay the cancellation fee and for other patients that have an unpredictable schedule, prefer that we call on short notice when an appointment becomes available (instead of reserving ahead and risking the cancellation fee).

Privacy Practices and Dental Material Fact Sheets:

Our Notice of Privacy Practices provides information about how we may use and disclose protected information about you. The Dental Materials Fact Sheet summarizes information on the most frequently used restorative dental materials. You may obtain a copy of the Notice of Privacy Practices or Dental Materials Fact Sheet by visiting our website <https://www.threesixtydentistry.com/new-patient-info/> or there is a physical copy for your convenience at our front desk.

I have read this page and agree to all the information above:

Signature: _____ Date: _____