## PATIENT INFORMATION

## CONFIDENTIAL

PAHENT #	1			

(PLEASE PRINT)

VI 411-1579 J. 130-1170			Wars	ourraw.	225		IVANIA SERVE	Marane
NAME	Mi	LAST	BI	RIHDA	IE		HOME PH STATE/	ACCOUNT TO A STATE OF THE STATE
ADDRESS			CI	TY			PROV	
E-MAIL			C	ELL PHO	ONE_			
CHECK APPROPRIATE BOX: PATIENT'S OR PARENT/GUARDIAN'S EMPLO							WORK PHO	ONE
BUSINESS ADDRESS			CI	TY			PROV.	
SPOUSE OR PARENT/GUARDIAN'S NAME_			EMPLOY	R			WORK PHO	ONESTATE/
IF PATIENT IS A STUDENT, NA	ME OF SCH	OOL / COLLEGI	Ē				CITY	
WHOM MAY WE THANK FOR F	REFERRING	YOU?					.541/.545	
PERSON TO CONTACT IN CAS	E OF AN EN	MERGENCY					PHONE	-
RESPONSIBLE PARTY		100	4797	Hear	185	STEEL ST		
NAME OF PERSON RESPON	SIBLE FOR	THIS ACCOUNT	)				ELATIONSHI D PAHENI _	
ADDRESS						HOME PH	ONE	
E-MAIL						CELL PHO		
DRIVER'S LICENSE #	2	BIRTHDA	TE			FINANCIA	LINSTITUTIO	ONN
EMPLOYER						WORK PH	ONE	
IS THIS PERSON CURRENTI	Y A PAHENI	IN OUR OFFIC	£? [	YES		□ NO		
INSURANCE INFORMAL	IION	Sec. Sec.	1000	250	47.5		10 0	
							ELATIONSHI	
NAME OF INSURED								
BIRTHDATE							ATE EMPLOY	red
NAME OF EMPLOYER						S	IAIE/	ZIP/
ADDRESS OF EMPLOYER _			C	IIY			ROV.	
INSURANCE COMPANY			G	ROUP #	đ		NION OR LO	
INS. CO. ADDRESS			C	ITY			ROV	P.C
HOW MUCH IS YOUR DEDU	CHBU?	HOW MU	CH HAVE	YOU U	SED?_	M	AX. ANNUA	L BENEFIT?
DO YOU HAVE ANY ADI	DITIONAL I	NSURANCE? [	YES	N	0	IF YES, C	OMPLETE	THE FOLLOWING:
NAME OF INSURED						R	ELATIONSHI D PATIENT _	
BIRTHDAIL		SS #/SIN				D	ATE EMPLOY	rED
NAME OF EMPLOYER		**************************************		1	WORK			25/210
ADDRESS OF EMPLOYER _			C	IIY		S P	ROV.	ZIP/ P.C.
INSURANCE COMPANY			G	ROUP #	2	U	NION OR LO	DCAL #
INS. CO. ADDRESS						S	IAIE/ ROV	ZIP/
ALMERICAN TOTAL TOTAL CONTROL CONTROL				-2010		177.	4411	110000

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SIGNATURE

HOME ADDRESS					8	DATE O	OS DATE OF BIRTH PHONE					_	State College Water College
E-MAILBUSINESS ADDRESS					=0 =0 =0	CELL	PHONE						Septiment of the septim
Million Walledon M.	PATIE	NI M	ED	CAL	HISTO	ORY	E2190	E LEVE	PIP	QIII)	TUV.		
HYSICIAN	OFFICE I	PHONE .				3	DATE OF	LAȘI EXA	М				
ARE YOU UNDER MEDICAL DREATMENT NOW?	□.		8.	ARE YO		RGIC 10 OR		LHAD AN NO	YREACDO	NS TO II		OWING	
HAVE YOU EVER BEEN HOSPHALIZED FOR ANY SURGICAL OPERATION OR SERIOUS HENESS?	D	D			LOCA	AL ANESTHE NOVOCAIN	nes []		BITURALL			RIN	
ARE YOU TAKING ANY MEDICATION(5) INCLUDING NON-PRESCRIPTION MEDICINE?	<b>C</b> 1	C			PENIC	TILLIN OR C	OTHER [	☐ SED	ATIVES	D C	ОТН	er.	
IF YES, WHAI MEDICATION(S) ARE YOU TAKING?		50		DD	SULF	A DRUGS		□ 400	INE -		YES	N/O	
HAVE YOU EVER TAKEN FEN-PHEN/REDUXY	D.	U	9.	CLEAR	RING N	E A PERSIS OI ASSOCI	ATED WIT	H A KNO	WN				П
DO YOU USE TOBACCO?	D	П	30	WOM	EN ONE						П	L	
DO YOU USE ALCOHOL, COCAINE OR OTHER DRUX	587					PREGNAN		NK YOU N	MY BE PE	EGNANI	"U		
ARE YOU WEARING CONTACT LENSES?				CJA	RE YOU	TAKING BI	BRIH CON	TROL PH	1.52		Ū	$\overline{\Box}$	-
DO YOU HAVE OR MAYE YOU HAD ANY OF THE FO YES NO YES NO YES NO		7		.000	5 NO	HEET DAIN				co	MMEN	15	100
YES NO      HIGH REOOD PRESSURE     HEART     HEART ATTACK   CARDI   RHEUMAINC FEVER     HEART     SWOLLEN ANNUES   ANGIN     ANGIN   FREOU     ASSEMBLA   ANGIN     LOW BLOOD PRESSURE     HMPHY     EPILEPSY / CONVUESIONS   ARTHR     DIABETES   IONNEL     MIDNEY DISEASES   HEPAIT     AIDS OR HIV INFECTION   SEXUAL	F DISEASE IAC PACEM I MURMUR NA JENILY TIRE IA YSEMA ER BITIS ÉEPLACEMI	AMER  D  ENI (NR)  DICI MILITED I	DEST/	W 1000000000000000000000000000000000000		CHEST PAIN ASILY WINT STROKE EAY FEVER / UBERCULO A ALICOMA ECENT WEI IVER DISEA ILARE IROU ESPIRATOR WHER	ALLERGII SIS THERAPY GHT LOSS SE BLE	MS	ceatos o		MMEN	is	n.e.
YES NO    HIGH BEOOD PRESSURE   HEART ATTACK   CARDI   RHEUMAINC FEVER   HEART ANGES   HEART ANGES   ANGEN   HEART ANGES   HEART	F DISEASE JAC PACEM MURMUR NA JENILY TIRE JA YSEMA ER RHIS REPLACEMI HIS / JAUNI MLIY JRANSI ACH TROUB	AMER  D  ENI (NR)  DICI MILITED I	DESE/	ANI UUU		ASILY WINE STROKE EAY LEVER / LIBERCULO RADIADION I JEAUCOMA BECENT WEI IVER DISSEA BEART TROU SESPIRATOR WHER	ALLERGII SIS THERAPY GHT LOSS SE BLE	MS	castor or		MMEN	is	DA
YES NO    HIGH BEOOD PRESSURE   HEART ATTACK   CARDI   RHEUMAINC FEVER   HEART ANGEN   HEART ANGEN   A	F DISEASE IAC PACEM I MURMUR NA DENTLY TIRE IA YSEMA ER RITIS REPLACEMI HIS / JAUNI ALLY TRANSI ACH TROUB	AMER  ENT OR: DICE MITTED 1  RES / UR	DESEA CER	ANT CLU	HIS	ASILY WINE STROKE EAY LEVER / UBERCULO RADIADION I JEALICOMA ECENT WEI IVER DISEA IEARE TROU ESPIRATOR WHER WHER	ALLERGII SIS THERAPY GHI LOSS SI BLE Y PROBLE	MS:		DENUST			NO.
PES NO YES NO    C   HIGH BEOOD PRESSURE     HEART   HEART   CARDI   CARDI   CARDI   HEART   CARDI   C	F DISEASE IAC PACEM I MURMUR IA JENILY TIRE IA FR BITS REPLACEMI IITS / JAUNI ILLY TRANSI ACH TROUB LOSSING? IOUIDS/FOC	ENI OR DICE MITTED YES / UI	DISTA	2 2 2 2 0000	HIS *.	ASILY WINE STROKE EAY LEVER / LIBERCULO RADIADION I JEAUCOMA BECENT WEI IVER DISSEA BEART TROU SESPIRATOR WHER	ALLERGII SIS GHI LOSS SE BLE Y PROBLE LLINCH O BIE YOUR EVER HA	DUENT HE	ADACHES YOUR TE	DINIISI 57 ETHT FREQUEN	Y		
PES NO YES NO	F DISEASE IAC PACEM I MURMUR IA JENILY TIRE IA SEPLACEM IIIS / JAUNI ILLY TRANS ACH TROUB LOSSING? IOUIDS/FOX LUQUIDS/FOX LUQUIDS/FOX AR YOUR MI	ENI OR DICE MITTED YES / UI	DISTA	ANT UU	HIS 8. 9. 10. 11.	ASILY WINE STROKE EAY LEVER / UBERCULO RADIATION I J ALICOMA ECENT WEI IVER DISS A HEART IROU ES SPIRATOR WHER DO YOU C DO YOU B HAVE YOU	ALLERGII SIS GHI LOSS SE BLE Y PROBLE LLINCH O SITE YOUR EVER HA SIT	DUENT HE BR GRIND LIPS OR DI ANY DI	ADACHES YOUR TE CHEEKS I	DINIISI 57 ETHT FREQUEN	Y I VILY7 I	ES	NO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
TES NO  TIS NO  TIS NO  TIS NO  TIS HIGH BEOOD PRESSURE  THEART ATTACK  THEART ATTACK  THEART ATTACK  THEART ATTACK  THEART AND THE THEART  THEART AND THE THEART  THEART AND THE THEART  THEA	F DISEASE IAC PACEM I MURMUR IA JENILY TIRE IA SEPLACEM IIIS / JAUNI ILLY TRANS ACH TROUB LOSSING? IOUIDS/FOX LUQUIDS/FOX LUQUIDS/FOX AR YOUR MI	ENI OR DICE MITTED YES / UI	DISTA	2 2 2 2 0000	HIS 8. 9. 10. 12.	ASILY WINE STROKE EAY LEVER / UBERCULO RADIATION I JALICOMA ECENT WEI IVER DISSA ILARI IROU ESPIRATOR WHER DO YOU I DO YOU B HAVE YOU IN THE PA	ALLERGII SIS GHI LOSS SE BLE Y PROBLE LI NCH O SITE YOUR EVER HA SIT? LI HAD ANY EVER HA	DUENT HE BE GRIND LIPS OR ORTHOI O PROLO	ADACHES YOUR TE CHEEKS I HEICULT I DONITIC W	DINIISI 5? ETH? FREQUES EXTRACT	Y I VILY7 I	ts O	20000
YES NO  YES NO  YES NO  YES NO  HIGH RECORD PRESSURE  HEART ATTACK  ARBEIMAINC FEVER  RHEUMAINC FEVER  ANGIN  ANGIN  I AJINTING / SETZURES  ANGIN  ASTHMA  LOW BLOOD PRESSURE  ARBEIT  LOW BLOOD PRESSURE  ARBEIT  LOW BLOOD PRESSURE  ARBEIT  ARBEIT  ARBEIT  AIDS OR HIV INFECTION  AIDS OR HIV INFECTION  HEYROID PROBLEM  JOYOUR GUMS BLIED WHILE BRUSHING OR FLE  ARE YOUR TEETH SENSITIVE TO HOT OR COLD THE  ARE YOUR TEETH SENSITIVE TO HOT OR COLD THE  ARE YOUR TEETH SENSITIVE TO SWEET OR SOUR  BOYOUT FEEL PAIN TO ANY OF YOUR TELTH?  DO YOU HAVE ANY SORES OR LUMPS IN OR NEA  HAVE YOU HAD ANY HEAD, NECK OR JAW INJURI  HAVE YOU HAD ANY HEAD, NECK OR JAW INJURI  HAVE YOU EVER EXPERIENCED ANY OF THE FOLL  THERE	FOISEASE IAC PACEM I MURMUR IA PENTLY TIRE IA YSEMA ER BITIS REPLACEMI ITIS / JAUNI ILLY TRANSI ACH TROUB LOSSING? IOUIDS/FOX LIQUIDS/FOX	ENI OR DICE MITTED YES / UI	DISTA	2 2 2 2 0000	HIS 8. 9. 10. 12. 15.	ASILY WINE STROKE EAY LEVER / UBERCULO RADIABION I JALICOMA ECENT WEI IVER DISEA IEARI IROU ESPIRATOR WHER DO YOU E DO YOU E DO YOU B HAVE YOU HAVE YOU HAVE YOU HAVE YOU	ALLERGII SIS HERAPY GHI LOSS SE BLE Y PROBLE LINCH O HIL YOUR LYER HA SIT LYER HA NG EXTRA	MS:  DUENT HE RE GRIND LIPS OR D PROLO CTIONS? U INSTR.	ADACHES YOUR TE CHEEKS I HEICULT I DONNIC W NGED BL	DENDIST  S? ETHT FREQUEP EXTRACT PORK? FEDING	Y I I I I I I I I I I I I I I I I I I I	ts O	NO 000 00



PRITENT, PARENT OR GRAIDIAN

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