Print Name _____ Date _____

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Cone Beam Scan: Intake Form

Thank you for trusting us to provide your dental care!

Guest Information

Completed guest information ensures your safety in case of emergency. Thank you!

Guest's Last Name _____ First Name _____

E-Mail _____ DOB _____ / _____ / _____

Best Phone Number _____-_____-_____

Referring Practitioner's/Physician's Name _____

Practitioner's Address _____

Practitioner's Phone _____-_____-_____

Has your practitioner requested this cone beam scan? Yes No

If so, what health issues is your practitioner addressing with you? _____

_____

_____

Do you have an auto-immune disease/condition? Yes No

Do you have chronic illness? Yes No

Have you had your wisdom teeth extracted? Yes No

If yes: 1-5 years ago 5-10 years ago 10-15 years ago

Were any impacted? Yes No

If yes, which ones? _____

Have you had other teeth extracted? Yes No

If yes, why? _____

If yes: 1-5 years ago 5-10 years ago 10-15 years ago

Have you had root canal therapy performed on any teeth? Yes No

If yes: 1-5 years ago 5-10 years ago 10-15 years ago

Have you had any root canaled teeth re-treated? Yes No

If yes, which one(s)? _____

What is your reason for having a cone beam scan? _____

_____

Have you had jaw surgery? Yes No

If yes: 1-5 years ago 5-10 years ago 10-15 years ago

Do you have or have you had any disease, condition or problem not listed above? Yes No

Consent

- I understand that the above information is necessary for the doctors to provide me with comprehensive dental care in a safe manner. I have answered all questions truthfully and to the best of my knowledge.
- I authorize the doctors of Meetinghouse Dental Care to take radiographs.
- I authorize the release of examination findings, diagnosis, treatment program, etc. to my referring or treating dental specialists and/or physicians.
- I understand that all responsibility for payment for services provided in this office is mine, payable at the time services are rendered.
- Meetinghouse Dental Care will strive to protect the privacy of my social security number. If I do not wish to provide my social security number, I agree to pay in full by cash or credit card (no checks).

Guest Signature_____ Date _____

Meetinghouse Dental Care is committed to the art of dentistry
through leading-edge technology and personalized, comfortable care.

Like us on Facebook!

Named by Consumers' Research Council of America to America's Top Dentists year after year, and by Time Magazine and PennsylvaniaDoctorAwards to PA Best Doctors and Dental Award. Named by Global Health and Pharma to 2016 Leading Dental Experts in Pennsylvania Award. Named by City Beat News in 2016 and in 2017 to Customer Satisfaction Outstanding Businesses Spectrum Award.