

DENTAL HISTORY

Date of last visit to the dentist _____
For what service _____
Child's attitude toward dentistry _____

Has child ever complained about dental problems?

Yes No

Any unhappy dental experiences?

Yes No

Any injuries to mouth/teeth/head?

Yes No

Any mouth habits (thumbsucking, nail biting, mouth breathing, nursing bottle, pacifier, etc)

Yes No

Specify _____

Any unusual speech habits?

Yes No

Orthodontic appliances worn now or ever? Yes No

Does your child brush daily? Yes No

Do you assist your child with brushing? Yes No

How often? _____

Is dental floss used? Yes No

How often? _____

Is fluoride taken in any form? Yes No

FINANCIAL AGREEMENT

The undersigned does hereby undertake to pay all charges for the care and treatment provided by Dr. Caravas and his staff. If payment is not made within 60 days of treatment or as previously agreed upon in writing, then all sums due shall accrue interest at the rate of 12% per annum, and the undersigned will be responsible for all charges incurred in the collection of this account (including collection fees, attorney fees, court costs, and filing fees). We will be glad to file for any dental insurance you might have, however if payment is not received within 60 days, the undersigned will be required to pay the balance in full.

Patient

Date