D & D FAMILY DENTISTRY
5830 HARRISON RD
FREDERICKSBURG, VA 22407
(540)710-0400
www.ddaestheticdentistry.com
frontdesk@ddaestheticdentistry.com

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

Indicate which of the following you have had or have at present. By checking the box it will indicate a "Yes" response, leaving blank will indicate a "No" response.

- [ ] No Medical Conditions

- [ ] *Pre-Medicate
- [ ] ADD/ADHD
- [ ] Allergy-Amoxycillin
- [ ] Allergy-Ampicillin
- [ ] Allergy-Aspirin
- [ ] Allergy-Bactrim
- [ ] Allergy-Biaxin
- [ ] Allergy-Ceclor
- [ ] Allergy-Clindamycin
- [ ] Allergy-Codeine
- [ ] Allergy-Demerol
- [ ] Allergy-Erythro...
- [ ] Allergy-Iodine
- [ ] Allergy-Keflex
- [ ] Allergy-Latex
- [ ] Allergy-Lortab
- [ ] Allergy-Medications
- [ ] Allergy-Omnicef
- [ ] Allergy-Penicillin
- [ ] Allergy-Sulfa
- [ ] Allergy-Tetracycline
- [ ] Allergy-Vioxx
- [ ] Allergy-Zithromax
- [ ] Alzheimer's/Dementia
- [ ] Anemia
- [ ] Asthma/COPD
- [ ] Autism/Asperger's
- [ ] Autoimmune Disease
- [ ] Blood Disease
- [ ] Blood Pressure-High
- [ ] Blood Pressure-Low
- [ ] Blood Thinners
- [ ] Cancer
- [ ] Diabetes Type I/II
- [ ] Drug Abuser
- [ ] Epilepsy/Seizures
- [ ] Excessive Bleeding
- [ ] Fainting/Dizziness
- [ ] GI/Acid Reflus/Ulcer
- [ ] Heart Disease/Attack
- [ ] Heart Murmur/MVP
- [ ] Hepatitis A/B/C
- [ ] HIV/AIDS
- [ ] Joint Replacement
- [ ] Kidney Disease
- [ ] Liver Disease
- [ ] Lung Disease
- [ ] Mitral Valve Prolap
- [ ] Osteoporosis
- [ ] Other
- [ ] Pacemaker/Stent
- [ ] Radiation/Chemo
- [ ] Rheumatic Fever
- [ ] Tumors/Growths

- [ ] Pregnant/Planning Pregnancy/Nursing

Please clarify the conditions or alerts selected including due date if pregnant:

Do you take antibiotic premedication for your dental visits? If yes, please explain below including reason for taking a premedication.

* ◯ Yes ◯ No

Pre-Med

Describe any current medical treatment, recent hospitalizations and recent or impending surgery.

Name of physician and date of last physical exam

Name and phone number of preferred pharmacy

Are you taking any medications (prescription and Non-prescription) if yes please list below or type None

* ◯ Yes ◯ No

Medications

*

☐ Have you ever taken any medications with Biophosphonates? (Fosamax, Boniva, Actonel, or others)

☐ Have you ever had an orthopedic total joint (hip, knee, elbow or finger) replacement?

* ☐ By checking this box, I acknowledge that I have reviewed ALL questions/alerts on this questionnaire and responded accordingly. There are no other medical conditions or medications/allergies that have not been listed. I am aware that I must notify the practice of any future changes. I further consent to the performing of xrays and oral examinations. This will serve as my electronic signature.

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Oral Cancer Screening Acceptance form

Our practice continually strives to provide important enhancement in oral health care for our patients. We are concerned about oral cancer and look for it in all risk patients.
One person dies every hour from oral cancer in the United States. More people die due to having oral cancer than cervial and prostate cancer. The solution... early detection.!
Late detection of oral cancer is the primary reason that mortality rates are so dismal. As with most other cancers, age is the primary risk factor for oral cancer. Though tobacco use is a major predisposing risk factor, 25% of oral cancer victims have no lifestyle risk factors.

Increased Risk
*patient age 40 and older (95% of all cases)
18-39 years of age combined with any of the following: Tabacco use, Chronic alcohol consumption, any sexually active adult with oral hpv infection.
Higeher Risk
*patients age 65 and older with lifestyle risk factors
*patients with history of oral cancer
*25% of oral cancers occur in people who don't smoke and have no other risk factors.

We find that using Velscope along with visual oral cancer examination improves our ability to identify suspicious areas that may have been missed during the conventional examinations. Early detection of precancerous tissue can minimize or eliminate the pontentially disfiguring effects of oral cancer and possibly save your life. Velscope is a painless exam that gives us a better chance to find any oral abnormalities that you may have at any early stage.
Dental insurnace might not cover the Velscope exam.

Please select one below for either YES or No for the screening

☐ YES-- I authorize the clinician to perform the Velscope exam with the standard oral cancer examination. I accept financial responsibility for this enhanced examination. FEE $40.

☐ NO--I would prefer not to have the Velscope exam at this time.

Name of Patient/Parent or Guardian completing this form

* _____

Response Date: _____