NEW PATIENT REGISTRATION

FIRST NAME	LAST NAME			MIDDLE INITIAL	BIRTH DATE	
ADDRESS						
CITY			STATE	ZIP		
PHONE (H)	(C)		EMAIL			
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NEW PATIENT REGISTRATION

Alzheimer's Disease Y N Diabetes Y N Progradiction Pro	MEDICAL HISTORY Are you under a physician's car Have you ever been hospitalized. Have you ever had a serious he Are you taking any medications. Do you take, or have you taken. Have you ever taken Fosamax, medications containing bisphose. Are you on a special diet? Do you use tobacco? Do you use controlled substance. WOMEN: Are you Pregnant/Trying to get present the controlled substance. Are you allergic to any of the Metal. Other? If YES:	g, can impact your dental heal re now? ad or had a major surgery? and or neck injury? and or neck injury? b, pitts or drugs? c, Phen-Fen or Redux? Boniva, Actonel or any other injury. Boniva, Actonel or any other injury. Boniva, Phen-Fen or Redux? Boniva, Phen-Fen or Redux	Y Y Y Y Y Y Y	H H H H H H H H H H H H H H H H H H H	If YES: [If YES	☐ Taking O	tral Contrac	ceptives?	ou m
Code	MEDICAL HISTORY Are you under a physician's car Have you ever been hospitalized. Have you ever had a serious he Are you taking any medications. Do you take, or have you taken. Have you ever taken Fosamax, medications containing bisphose. Are you on a special diet? Do you use tobacco? Do you use controlled substance. Monten: Are you Pregnant/Trying to get present the your allergic to any of the Aspirin Metal Other? If YES:	g, can impact your dental heal re now? ad or had a major surgery? and or neck injury? and or neck injury? b, pitts or drugs? c, Phen-Fen or Redux? Boniva, Actonel or any other injury. Boniva, Actonel or any other injury. Boniva, Phen-Fen or Redux? Boniva, Phen-Fen or Redux	Y Y Y Y Y Y Y	H H H H H H H H H H H H H H H H H H H	If YES: [If YES	☐ Taking O	tral Contrac	ceptives?	
Are you under a physician's care now? Y N If YES: Have you ever been hospitalized or had a major surgery? Y N If YES: Have you ever had a serious head or neck injury? Y N If YES: Have you ever had a serious head or neck injury? Y N If YES: Have you ever had a serious head or neck injury? Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you ever taken Fosamax. Boniva. Actonel or any other Y N If YES: Have you use tobacco? Y N If YES: WOMEN. Are you. Pregnant/Trying to get pregnant? Nursing? Actonel or any other Y N If YES: WOMEN. Are you. Pregnant/Trying to get pregnant? Nursing? Nursing? Actonel or any other following?	Are you under a physician's car Have you ever been hospitalize Have you ever had a serious he Are you taking any medications Do you take, or have you taken Have you ever taken Fosamax, medications containing bisphos Are you on a special diet? Do you use tobacco? Do you use controlled substance WOMEN: Are you Pregnant/Trying to get pre Are you allergic to any of the Aspirin Metal Other? If YES:	ed or had a major surgery? ead or neck injury? s, pills or drugs? s, Phen-Fen or Redux? Boniva, Actonel or any other phonates? ces? continuous phonomics of the phonomics	Y Y Y Y Y Y		If YES: Codein	e		Acrylic	
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Do you take, or have you taken, Phen-Fen or Redux? Y N If YES: Have you ever taken Fosamax, Boniva, Actonel or any other Y N If YES: Have you aver taken Fosamax, Boniva, Actonel or any other Y N If YES: Do you use tobacco? Y N If YES: Do you use controlled substances? Y N If YES: WOMEN: Are you Pregnant/Trying to get pregnant? Nursing? Taking Oral Contraceptives? Are you allergic to any of the following? Aspirin Pensialin Codeine Acrytic Other? If YES: DENTAL HISTORY Do you have, or have you had, any of the following? AlDS/HIV Positive Y N Corticone Medicine Y N Hepatitis B or C Y N Hepatitis Gout Y N Easily Windad Y N Herpes Y N High Glood Pressure Y N High Glood Pressure Y N High Cholesterol Y N Shingles Y N Epilleps/Selcures Y N High Cholesterol Y N Shingles Y N Hepatitis Gout Y N Epilleps/Selcures Y N High Cholesterol Y N Shingles Y N Hepatitis Gout Y N Finquent Headaches Y N Finquent Headaches Y N Hepatitis B Or C Y N Hepatitis Gout Y N Epilleps/Selcures Y N High Gholesterol Y N Shingles Y N High Cholesterol Y N Shingles Y N High Cholesterol Y N Shingles Y N High Gholesterol Y N Shingles Y N High Gholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Gholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Brouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Brouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Brouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Brouble Shingles Y N High Cholesterol Y N Sinus Trouble Shingles Y N High Cholesterol Y N Sinus Brouble Shingles Y N High Cholesterol Y N Sinus Brouble Shingles Y N High Cholesterol Y N Si	Do you take, or have you taken Have you ever taken Fosamax, medications containing bisphos Are you on a special diet? Do you use tobacco? Do you use controlled substance WOMEN: Are you Pregnant/Trying to get pre Are you allergic to any of the Aspirin Metal Other? If YES:	phen-Fen or Redux? Boniva, Actonel or any other phonates? pess? pegnant?	YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	N N N	If YES: [e		Acrylic	
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Aspirin Penicillin Codeine Acrylic Metal Latex Sulfia Drugs Local Anesthetics Other? If YES: Local Anesthetics	Aspirin Metal Other? If YES: DENTAL HISTORY	Penicillin							
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Metal	Metal Other? If YES: DENTAL HISTORY								
Other? If YES: Continue	Other? If YES:	Latex			Sulfia D	Drugs		Local Anesthetics	
DENTAL HISTORY Do you have, or have you had, any of the following? AIDS/HIV Positive Y N	DENTAL HISTORY								
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Richard Goldin, DDS, Ltd.

Practice Limited to Periodontics

10684-C Crestwood Dr. Manassas, Va. 20109 (703) 361-6866 8298-C Old Courthouse Rd. Vienna, Va. 22182 (703) 821-8880

Welcome to our practice. The following is a statement of our financial policies.

Insurance and Personal Payments:

Payment is to be made at the time the service is rendered.

As a courtesy to our patients we will submit your claim to your dental insurance company. However, any outstanding balance or co-payment is your responsibility. Accounts that are more than 90 days overdue are subject to a finance charge.

Insurance coverage is between you and your company. We will assist in determining what portion your carrier will cover by submitting a pre-treatment estimate. This will help to determine what your responsibility would be. If no pre-estimate is sent, or if the dental work is performed prior to the return of the pre-estimate, you will be responsible - in full.

Statements are sent monthly.

We will accept payment from the PRIMARY insurance carrier, only.

Collections:

Conceitons.
If we must refer your account to a collection agency or to a law office to collect the unpaid balance, you will have to pay the unpaid balance as well as any interest charges and collection fees. Your account will remain open until your debt is paid – in full.
- initial
Missed Appointments:
If you provide us with 48 hours notice, we will gladly reschedule or cancel your appointment. However, if you fail to give us proper notice, we reserve the right to bill you for the missed appointment.
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