

# MURRAY ORTHODONTICS

## *Simply Sensational Smiles*

1 Fountain Avenue  
Burlington Twp., NJ 08016  
(609)387-1212

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Male  Female

Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Family Dentist Name & Address: \_\_\_\_\_ Last Visit: \_\_\_\_\_

Please List Siblings and their Birthdates: \_\_\_\_\_

\_\_\_\_\_

### Responsible Party Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Other \_\_\_\_\_

### Insurance Information

Insurance Co. \_\_\_\_\_ Subscriber: \_\_\_\_\_ ID# \_\_\_\_\_

Secondary: \_\_\_\_\_ Subscriber: \_\_\_\_\_ ID# \_\_\_\_\_

### Health Information

Yes  No Have you ever been instructed to take antibiotics (pre-medication) prior to a dental visit?

Yes  No Have you ever had a heart murmur or rheumatic fever?

Yes  No Have you ever been treated for any heart condition, high blood pressure, or any prolonged illness such as diabetes, asthma, kidney disease, etc.?

Yes  No Are you allergic to any medications (ie: penicillin) or materials (ie: latex)?

Yes  No If you are a woman, are you pregnant?

Yes  No Do you have any blood borne illnesses (Hepatitis, HIV, AIDS)?

Yes  No Are you or have you during the past 2 years been under the care of a physician or do you have any reason to believe that you are not presently in good health?

Signature of Patient, Parent, or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Whom may we thank for referring you to our practice? \_\_\_\_\_