RC DENTAL OFFICE
Agosto Oei, DDS & Jack Tran, DDS
214 E California Ave - Ridgecrest, CA 93555
http://www.rcdentaloffice.com (760) 375 - 8416

Patient Name: ______________________
(last) (first) (middle)

Preferred Name (Nickname): ______________________

Address: ______________________

____
(city) (state) (zip)

Phone: ( ) ____________ ( ) ____________
(home) (work)

( ) ____________
(cell)

Email address: ____________ @ ____________

Birthday (mm/dd/yyyy): ______________________

Check one: ❒ Child ❒ Single ❒ Married ❒ Separated ❒ Widow

INSURANCE INFORMATION:

Patient's Name (if minor Father's): ______________________

Employer: ______________________

Driver's License: ______________________

Spouse (if minor Mother's) ______________________

Employer: ______________________

Driver's License: ______________________

Primary Insurance: ______________________

Subscriber: ______________________

Subscriber's SS#: ______________________

Subscriber's Birthday: ______________________

Secondary Insurance: ______________________

Subscriber: ______________________

Subscriber SS#: ______________________

Subscriber's Birthday: ______________________

Who is responsible for this Account? ______________________

How did you hear about us? ______________________

What would you like done TODAY? ______________________

Does anything bother you about your teeth? ______________________

Does dental treatment make you nervous? ❒ NO ❒ YES

Date of last dental visit: ______________________

Date of last complete dental x-ray: ______________________

Last dentist: ____________ City: ____________

Why did you leave the office? ______________________

____

MEDICAL HISTORY:

Your physician: ______________________

Are you Pregnant? ❒ Yes ❒ No ________ months

Any medical problems NOW? ______________________

Check if you ever had any of the followings:

❒ Cancer
❒ Diabetes
❒ High blood pressure
❒ Heart condition
❒ Blood clotting problem
❒ Epilepsy
❒ Artificial joint or valve
❒ Hepatitis
❒ TB
❒ AIDS or HIV
❒ Substance abuse
❒ Smoker
❒ Orthodontic Treatment
❒ Gum Disease
❒ TMJ
❒ High stress life

Has your doctor ever told you to "pre-med" before a dental visit? ❒ No ❒ Yes

Any drug allergies? ______________________

Current medications you are taking? ______________________

____

____