

**MID-OHIO VALLEY HEALTH DEPARTMENT**

**211 6TH Street, Parkersburg WV 26101**

**Phone (304)485-7374 Fax (304)485-2116**



**ADULT DENTAL APPLICATION**

**SERVICES PROVIDED : Fillings, Cleanings and Extractions**

***Please print***

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**NAME***(Last) (First) (MI)***HOME PHONE CELL PHONE**

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**ADDRESS** *(Street) (City) (State) (ZIP) (County)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Male/Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: S W D M**

**DATE OF BIRTH AGE SOCIAL SECURITY #**

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**MEDICAID # HMO NAME MEDICARE DENTAL INS NAME MEDICARE DENTAL #**

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**PHYSICIAN’S NAME PHONE # EMERGENCY CONTACT PHONE #**

**Do you smoke or use tobacco? YES / NO Are you pregnant? YES / NO**

**Reason for dental visit:** (√) check all that apply

 **⃝ pain ⃝ swelling ⃝ broken tooth ⃝ bleeding gums Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you visited the ER, QuickCare/MedExpress or your physician for dental pain? Y/N When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you currently taking medication for tooth pain? Y/N**

**Name of medication(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICATIONS: list any medicines you are currently taking.**

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**ALLERGIES:** (√) check all that apply

□ aspirin □ dental anesthetics □ jewelry □ metals □ tetracycline

□ codeine □ erythromycin □ latex □ penicillin Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONDITIONS:** (√) check all that apply past or current

□ abnormal bleeding □ cancer-chemo □ frequent headaches □ kidney problems □ seizures

□ alcohol abuse □ COPD □ glaucoma □ liver disease □ shingles

□ allergies □ cong. heart defect □ HIV/AIDS □ low blood pressure □ sickle cell disease

□ anemia □ cosmetic surgery □ heart attack □ mitral valve prolapse □ sinus problems

□ angina pectoris □ diabetes □ heart surgery □ osteoporosis □ stroke

□ arthritis □ diff. breathing □ hemophilia □ pacemaker □ thyroid problems

□ artificial joints/metal □ defibrillator □ Hepatitis A □ pneumocystis □ TMJ disorders

□ artificial heart valve □ drug abuse □ Hepatitis B □ psychiatric problems □ tuberculosis (TB)

□ asthma □ emphysema □ Hepatitis C □ radiation therapy □ ulcers

□ blood trans. □ epilepsy □ high blood pressure □ rheumatic fever □ venereal dis. (STD)

□ bronchitis □ fever blisters Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PATIENT SIGNATURE DATE**