

# SCRUGGS & MOLINA PROSTHODONTICS

7201 Creedmoor Road, Suite 120

Raleigh, NC 27613

Phone (919) 846- 6622 / Fax (919) 846 - 8012

## PATIENT INFORMATION UPDATE

Name \_\_\_\_\_ Date \_\_\_\_\_

It is vitally important towards the success of your dental treatment that we have a current update of your patient information

Since your last visit to our dental office, have there been any changes to the following: (please check and complete)

Change of Name (first or last)?  Yes  No If yes, \_\_\_\_\_

Change of Address?  Yes  No

If yes, \_\_\_\_\_

Street

City

State

Zip Code

Change of Phone Number?  Yes  No

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Contact Information  Yes  No

Name

Relationship

Phone Number

Change of Employment?  Yes  No Employer's Name \_\_\_\_\_

Change of Dental Insurance?  Yes  No

Provider's Name

Subscriber ID#

Phone

Has there been any change in your health within the past two years?  Yes  No

If yes, \_\_\_\_\_

Have you had surgery or been hospitalized within the past two years?  Yes  No

If yes, \_\_\_\_\_

Do you have any newly diagnosed allergies within the past two years?  Yes  No

If yes, \_\_\_\_\_

Please list all medications you are currently taking \_\_\_\_\_

Please indicate any other additions or changes \_\_\_\_\_