Maria Supnet-Gozun, DDS, PC

Cosmetic and Family Dentistry
98-76 Queens Boulevard, Forest Hills, NY 11375 Tel. no.: (718) 897-3400

We are pleased to welcome you to our practice. Please take a few minutes to fill up the form as completely as you can. If you have any questions, please do call us during office hours and we'll be happy to assist you. We look forward to working with you in maintaining your dental health.

PATIENT INFORMATION

Name: _____ Home Phone: (_____) _____

Birthdate: ___/___/___ Email _____ Mobile no.: (_____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Sex: ☐ M ☐ F Civil Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Occupation: _____ Employer: _____

Business Address: _____ Business phone : (_____) _____

Social Security No: _____ Who may we thank for referring you? _____

Name of Spouse: _____ If child, parent's name: _____

In case of emergency, who should be notified: _____ Phone (____) _____

PRIMARY INSURANCE

Insurance Company: _____ Group no.: _____

Subscriber ID: _____ Dependents covered: _____

Person responsible for insurance: _____ Social Security No: _____

Birthdate (mm/dd/yyyy) : ___ /___ /_____ Relation to patient: _____

Address if different from patient : _____

Occupation: _____ Employer: _____

Business Address: _____ Phone (____) _____

I hereby authorize my insurance company to pay to the dentist all insurance benefits otherwise payable to me for services rendered.

I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits.

I know that I am financially responsible for all charges whether or not paid by insurance.

I know that I am financially responsible for all charges (for patients without insurance)

Signature : _____ Date: _____

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DENTAL HISTORY

Reason for the dentist visit: _____

Are you having discomfort at this time? : ☐ Yes ☐ No

Former dentist's name: _____ Address: _____

Phone (____) _____ Date of last dental care: _____

X-rays: _____ Flouride Treatment?: ☐ Yes ☐ No

How often do you brush? _____ If not, why? _____

Please check (✓) if you have had problems with any of the following:

☐ Bad Breath	☐ Grinding Teeth	☐ Sensitivity to Hot
☐ Bleeding Gums	☐ Loose Teeth or Broken Fillings	☐ Sensitivity to Cold
☐ Clicking or Popping Jaw	☐ Periodontal Treatment	☐ Sensitivity to Sweets
☐ Sores or Growths in Mouth	☐ Extraction Trouble	☐ Sensitivity when Biting

MEDICAL HISTORY

Physician's name: _____ Phone (____) _____ Fax (____) _____

Date of last doctor visit: _____ Are you in good health? ☐ Yes ☐ No

Are you presently under medical care? ☐ Yes ☐ No Reason: _____

(For women): Are you pregnant? ☐ Yes ☐ No If yes, how many months? _____

Please check (✓) if you have had problems with any of the following:

☐ Anemia	☐ Diabetes	☐ Kidney Disease
☐ Arthritis/Rheumatism	☐ Epilepsy	☐ Liver Disease
☐ Artificial Heart Valves	☐ Fainting	☐ Mitral Valve Prolapse
☐ AIDS/HIV	☐ Glaucoma	☐ Pacemaker
☐ Asthma	☐ Headaches	☐ Respiratory Disease
☐ Back Problems	☐ Heart Murmur	☐ Rheumatic Fever
☐ Blood Disease	☐ Heart Disease	☐ Shortness of Breath
☐ Cancer	☐ Hepatitis ___	☐ Stroke
☐ Cortisone Treatment	☐ High Blood Pressure	☐ Tuberculosis
☐ Cough up blood	☐ Jaw Pain	☐ Venereal Disease

☐ Others _____

MEDICATIONS
(List the medications you are currently taking)

_____
_____
_____
_____

ALLERGIES

_____
_____
_____
_____

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PATIENT AGREEMENT

CANCELLATION POLICY* : 48 HOURS IS REQUIRED FOR APPOINTMENT CHANGES.

Insufficient notice such as canceling on the same day of your appointment will result in a charge of $75.00. Only in cases of family emergencies and sickness will the $ 75.00 fee be waived.

Through this policy, we hope to safeguard your time as well as the doctor's time.

Thank you for your continued patronage and understanding.

My signature below confirms my agreement with this policy. I agree that I am responsible for deductibles, co-payments and services not covered by my insurance.

_____ _____
Print patient's complete name and signature Date

* Please note that the terms stated above are subject to change without prior notice.