HOGAN FAMILY Dental

1820 Valley Drive East • (406) 234-2926
email: hfdental@midrivers.com
website: www.hoganfamilydental.com

Patient Information:

Name _____ Date of Birth ____/____/____

E-mail: _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Patient Employer _____ Full-time _____ Part-time _____

Purpose of Visit _____

How did you hear about us? _____

Person to contact in case of emergency _____ Phone _____

Responsible Party:

Name of responsible party for this account _____ Employer _____

Relationship to patient _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ SSN _____ DOB _____

For your convenience we offer the following methods of payment, please check your preference. Payment is expected in full at the time of service.

Cash_____ Personal Check_____ Credit Cards: *Visa*_____ Master Card_____ American Express_____ Discover_____ Care Credit_____

Previous Dental History:

Name of previous Dentist and location _____

Date of last exam _____

Do your gums bleed while brushing/flossing?_____

Are your teeth sensitive to sweet/sour and or hot/cold?_____Do you have pain with any of your teeth?_____

Do you have any sores or lumps in or around your mouth or jaw?_____

Have you had any head or neck injuries?_____

Have you experienced any of the following problems with your jaw?

_____Clicking _____Pain (joint, ear, side of face)

_____Difficulty with opening or closing _____Difficulty chewing

Do you have frequent headaches?_____Do you clench or grind your teeth? _____

Do you bite or chew your lips or cheeks frequently?_____

Have you had any difficult extractions in the past?_____Do you experience prolonged bleeding?_____

Have you ever received orthodontic treatment?_____

Do you wear dentures or partials?_____If yes, date of placement_____

Do you have dental implants?_____

Do you like your smile?_____Are you interested in teeth whitening?_____