

REGINALD PETTAWAY, D.D.S.

Esthetic & General Dentistry

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DrReginaldPettaway.com

Chart#: _____
FOR OFFICE USE ONLY

Patient Information

Patient Name: _____ Date: ___/___/___

Last, First MI (Preferred Name)

Gender: _____ Family Status: _____

Social Security#: _____ Birth Date: _____

Phone (Home): _____ (work): _____ Ext: _____ E-mail: _____

Address: _____

Street Apt#

City State Zip Code

Health Information

Date of Last Dental Visit: _____ Reason for this visit: _____

Have you ever had any of the following? Please check those that apply:

- AIDS
- Codeine Allergy
- Penicillin Allergy
- Sulfa Allergy
- Latex Allergy
- Allergy _____
- _____
- Anemia
- Arthritis
- Artificial Joints
- Asthma
- Blood Disease
- Cancer
- Diabetes
- Dizziness
- Epilepsy
- Excessive Bleeding
- Fainting
- Glaucoma
- Growths
- Hay Fever
- Head Injuries
- Heart Disease
- Heart Murmur
- Hepatitis
- High Blood Pressure
- Jaundice
- Kidney Disease
- Liver Disease
- Mental Disorders
- Nervous Disorders
- Pacemaker
- Pregnancy
- Radiation Treatment
- Respiratory Problems
- Rheumatic Fever
- Rheumatism
- Sinus Problems
- Stomach Problems
- Stroke
- Tuberculosis
- Tumors
- Ulcers
- Venereal Disease

Due Date: _____ Other: _____

-Have you ever had any complications following dental treatment? Yes No

If yes, please explain: _____

-Have you been admitted to a hospital or needed emergency care during the past two years? Yes No

If yes, please explain: _____

-Are you now under the care of a physician? Yes No

If yes, please explain: _____

-Name of Physician: _____ Phone: _____

-Do you have any health problems that need further clarification? Yes No

If Yes, Please explain: _____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail.

Signature of patient, parent or guardian Date: _____

Referral Information

Who may we thank for referring you to our practice? Another patient, friend Another patient, relative Dental office Yellow Pages
 Newspaper Web Site TV School Work Other _____