JD JUNCTION DENTAL

Alex Dietz Dentistry
NOOSA JUNCTION
Suite 3
16 Sunshine Beach Rd
QLD 4567

WELCOME TO OUR OFFICE

Please take your time to complete your medical and dental history questionaire. It will assist us greatly in our effort to provide you the very best treatment for you. This information is kept strictly confidential

First Name: _____ Family Name: _____ DOB: _____

Street Address: _____ Suburb: _____ PCode: _____

Phone: Mobile: _____ Work: _____ Home: _____

Email: _____ @ _____ Occupation: _____

Dental Insurance [tick]: ☐ MED ☐ BUPA ☐ HCF ☐ TEACH ☐ Other

Preferred Appointment Confirmation: ☐ SMS ☐ Email ☐ Phone

How did you hear about us: ☐ Referral ☐ Website ☐ Signage ☐ Advert ☐ Google

Medical and Dental History

When was your last dental appointment? _____

When was your last panoramic/full mouth x-ray? _____

Would a visit to the dentist cause you anxiety? _____

If you would have concerns about your oral health, what would you most likely want to talk about?

Metal Fillings	☐	Tooth Shape	☐
Root Canals	☐	Sensitive Teeth	☐
Gaps/Spaces	☐	Your Smile	☐
Missing Teeth	☐	Your Gums	☐

Have you had serious health problems during the past year? If so, please indicate briefly the nature of your problems:

_____

Have you had any allergic reactions to any treatment or medication, in particular to Penicillin / Antibiotics?

_____

What medications are you currently on? _____

Name and contact of your GP: Dr _____ Phone: _____

Please note, payment is due on the day of treatment

Signature: _____ Date: / /

Please complete and bring with you