Advanced Dental Concepts, P.C.

Thomas V. Karagiannis, D.M.D.

Patient Information

Patient Name: _____ Date_____

Last First MI

☐ Male ☐ Female ☐ Married ☐ Single ☐ Child

Social Security #: _____Birth Date: _____

Home #: _____ Work #: _____Best time to call: _____

Cell #: _____ Email Address: _____

Address: _____

Street Apt # City State Zip Code

Spouse or Responsible Party Information

The following is for: ☐ the patient's spouse ☐ the person responsible for payment

Name: _____

Last First MI

☐ Male ☐ Female ☐ Married ☐ Single

Social Security #: _____Birth Date: _____

Home #: _____ Work #: _____

Address: _____

Street Apt # City State Zip Code

Employment Information

The following is for: ☐ the patient ☐ the person responsible for payment

Employer Name: _____ Occupation: _____

Address: _____

Street Apt # City State Zip Code

Referral Information

Whom may we thank for referring you to Advanced Dental Concepts?

☐ Passing by ☐ Yellow Pages ☐ Another Patient ☐ Friend ☐ Work ☐ Insurance Plan Guide

☐ Relative ☐ Other _____

Name of person referring you to us: _____

Advanced Dental Concepts, P.C.

Health Information

Date of last dental visit: _____ Reason for this visit: _____

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

AIDS
Allergies
Anemia
Arthritis/Rheumatism
Asthma
Artificial Heart Valve/Joint
Blood Disease
Cancer
Chemotherapy
Chest Pain
Diabetes
Dizziness
Epilepsy
Excessive Bleeding
Fainting
Glaucoma
Heart Murmur
Heart Disease
High Blood Pressure
Hepatitis or Liver Disease
Pacemaker
Radiation Therapy
Respiratory Problems
Thyroid Trouble
Tuberculosis
Sinus Problems
Stroke
Venereal Disease
Other: _____
_____
Allergies (latex, medication, etc):
_____
_____

Female Patients:
Pregnant
Taking birth control pills

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

If yes, please explain: _____

Are you currently under the care of a physician? ☐ Yes ☐ No

If yes, please explain: _____

Name of Physician: _____ Phone: _____

Do you have other health problems that need further clarification? ☐ Yes ☐ No

If yes, please explain: _____

List medications you are currently taking: _____

Release: I authorize Dr. Thomas Karagiannis to perform diagnostic procedures and treatment as may be necessary for proper dental care. I am responsible to inform Advanced Dental Concepts of any change in health information.

_____ Date _____

Signature of patient, parent, or guardian

Consent for Service by Advanced Dental Concepts, P.C. (Attending Dentist: Dr. Thomas Karagiannis)

As a condition of your treatment by this office, financial arrangements must be made in advance. All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for at the time of service rendered. Patients who carry dental insurance understand that all dental services performed are charged directly to the patient and the he or she is personally responsible for payment of all dental services. Advanced Dental Concepts, P.C. will help prepare the patient's insurance or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, we cannot render services on the assumption that our charges will be paid by an insurance company. In consideration for the professional services rendered by the doctor to me or at my request, I agree to pay the reasonable value of said services to said doctor, or his assignee, at the time said services are rendered. I further agree that a waiver of any time or condition there under shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder. I grant my permission for Advanced Dental Concepts, P.C. and its assignee to telephone me at home or work to discuss matters related to my dental care. I have read the above conditions of treatment and payment and agree to their content.

_____ Date: _____Relationship to patient: _____

Signature of patient or responsible party