

Today's Date _____



ARCHPOINT
Implant Dentistry

Office Use Only

Chart # _____ - _____

Scanned by _____

New Patient Paperwork

Dr. Thomas Draper DMD, MD
Dr. Michael Oppedisano DMD, MS
Dr. Michelle Newby DDS, MS
Dr. Reed Gibbins DMD, MD
Dr. Quinton Slaughter, DDS, MD

Please select how you heard about us?

<input type="radio"/> TV	<input type="radio"/> Internet	<input type="radio"/> Newspaper	<input type="radio"/> Radio	<input type="radio"/> Doctor	<input type="radio"/> Friend	<input type="radio"/> NFED	<input type="radio"/> Walk-In
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Date of Birth _____ **Age** _____

Legal Name _____ Gender Male Female

Address _____

City _____ State _____ Zip Code _____

Cell _____ Home _____ Work _____

E-Mail _____ Married Single Divorced Widowed

Occupation _____ Employer _____

Preferred method of Contact Phone Call Text Email

Health History

1. Do you have any Major Medical Problems? Yes No Please explain: _____

2. Are you a smoker? Yes No If so how much do you smoke daily? _____

3. Do you have a family Dentist? Yes No Name _____ Last Visit _____

4. Is there any chance you could be pregnant? Yes No If so how many weeks _____

5. Have you been treated for any Periodontal Gum Disease? Yes No If yes, when _____

6. What is your main dental concern today? _____

Single tooth Multiple Teeth Top Teeth Bottom Teeth All of the Teeth

7. Are you currently taking, or have you ever taken, any Bisphosphonates or any other medication for osteoporosis? Yes No Please list current or past prescribed Bisphosphonate drug(s)-for example: Actonel, Bonivia, Fosamax _____

8. My medical care and additional information regarding appointment, treatment, health care financing, referral information and test results may be discussed with the person listed below.

Name _____ Number _____ Relationship _____

9. Who is accompanying you today? _____ Relationship _____

10. Do any of your teeth hurt? Yes No

11. On a Scale of 1 (lowest urgency) to 5 (highest urgency) where do you rate your current dental condition?

1 2 3 4 5

12. When was your last teeth cleaning? Within a Year Within 5 Years Within 10 Years

13. Is today's visit a second opinion? Yes No

14. Do you wear removable partials/dentures? Yes No

FREE 3-D CT SCAN

Your Archpoint Dentist will interpret the 3-D CT Scan solely for the purpose of evaluating your upper and lower jaw for treatment planning and placement of your dental implants.

It has not been read for the presence of any medical condition. You may want to have this film interpreted by a Physician (Radiologist) of your choosing and at your expense for the presence of any possible medical condition(s).

I have read and elected to take the **FREE 3-D CT Scan**

Patient Name: _____ Date: _____

Patient Signature: _____ Date: _____

*If you would like a COPY of your 3-D CT Scan, Archpoint will provide you with one for a fee. We can refer you to a Maxillofacial Radiologist should you need a referral. Speak to your Archpoint Consultant if you would like to take a Copy of the 3-D CT Scan for a fee of **\$300.00**.*