Janet Stukalin, D.D.S.
5925 Forest Lane, Suite 318 • Dallas, Texas 75230 • 972-490-4881

Personal Information

Patient's full name _____Date _____

Address_____City_____State_____Zip _____

Email address_____ (this will not be used for marketing)

Phone: Home _____ Work _____ Cell _____

Social Security Number _____ (Only needed if you have Dental Insurance)

Date of Birth _____ Age _____

Marital Status: ☐ Single ☐ Married ☐ Minor

Employers Name & Address _____

Spouse's Name & Occupation _____

Spouse's Employer & Address _____

Person Responsible for Account _____Relationship_____

Whom may we thank for referring you? _____

Contact Preferences

For general communication, which is the easiest way to reach you? Please list email, phone, or cell phone you prefer to be used. Please list if it differs from the ones listed above.

☐ Phone _____ ☐ Text _____ ☐ Email _____

_____ _____

Patient or Guardian Signature Doctor's Signature

Health History

Patient's Name _____

Physician's Name _____

Address _____ Phone _____

Are you currently under a physician's care for any conditions? ☐ Yes ☐ No

Have you been hospitalized or had a major illness within the last 5 years? ☐ Yes ☐ No

Explain _____

Are you allergic to latex or metal? ☐ Yes ☐ No

Are you allergic to any medications? If so, please list below ☐ Yes ☐ No

_____

_____

Do you have any type of Artificial Joint, Heart Valve or Pacemaker? ☐ Yes ☐ No

List dates of surgeries _____

_____

Have you been told you need to be pre-medicated before a dental appointment? ☐ Yes ☐ No

Do you take a blood thinner? ☐ Yes ☐ No

Do you know what your blood pressure normally runs? List _____/_____ ☐ Yes ☐ No

Do you have mitral valve prolapse with regurgitation? ☐ Yes ☐ No

Do you use ANY tobacco products? ☐ Yes ☐ No

Type _____ Amount per day _____

Have you noticed any acid reflux? Frequency _____ ☐ Yes ☐ No

Have you taken or do you take I.V, or oral bisphosphonates, (i.e. Actonel, Fosamax)? ☐ Yes ☐ No

List all medications you take and for what reason:

Medications	Reason

List vitamins you take:

Medical Conditions

Heart Disease/Heart Attack	☐ Yes ☐ No	Sinus Trouble	☐ Yes ☐ No
Radiation Therapy	☐ Yes ☐ No	Hepatitis A (infectious)	☐ Yes ☐ No
Chemotherapy	☐ Yes ☐ No	Hepatitis B (serum)	☐ Yes ☐ No
Heart Murmur	☐ Yes ☐ No	Hepatitis C	☐ Yes ☐ No
High Blood Pressure	☐ Yes ☐ No	STD(s)	☐ Yes ☐ No
Are you/have you taken Bisphosphates	☐ Yes ☐ No	AIDS	☐ Yes ☐ No
Heart Surgery	☐ Yes ☐ No	HIV	☐ Yes ☐ No
Rheumatic Fever	☐ Yes ☐ No	Cold Sores/Fever Blisters	☐ Yes ☐ No
Drug Addiction	☐ Yes ☐ No	Blood Transfusion	☐ Yes ☐ No
Stroke	☐ Yes ☐ No	Hemophilia	☐ Yes ☐ No
Kidney Trouble	☐ Yes ☐ No	Anemia	☐ Yes ☐ No
Ulcers	☐ Yes ☐ No	Sickle Cell Anemia	☐ Yes ☐ No
Diabetes	☐ Yes ☐ No	Bruise Easily	☐ Yes ☐ No
Thyroid Problems	☐ Yes ☐ No	Liver Disease	☐ Yes ☐ No
Glaucoma	☐ Yes ☐ No	Epilepsy or Seizures	☐ Yes ☐ No
Emphysema	☐ Yes ☐ No	Fainting or Dizzy Spells	☐ Yes ☐ No
Chronic Cough	☐ Yes ☐ No	Nervousness/Anxiety	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Psychiatric Treatment	☐ Yes ☐ No
Are you taking or have you taken Bisphosphates?			☐ Yes ☐ No

Females Only

Are you pregnant?	☐ Yes ☐ No
Using Birth Control?	☐ Yes ☐ No
Taking Hormones?	☐ Yes ☐ No
Nursing?	☐ Yes ☐ No

Dental Health

1. When was your last dental visit? _____ Cleaning? _____
2. What dental concerns do you wish to discuss at your appointment? _____

   _____

3. Do you have any dental pain or tenderness? □ Yes □ No
4. Are you sensitive to hot, cold, or sweets? □ Yes □ No
5. Does food catch between your teeth? □ Yes □ No
6. Do you have dry mouth? □ Yes □ No
7. Do you feel like you clench or grind your teeth? □ Yes □ No
8. Are any of your teeth yellow or discolored? □ Yes □ No
9. Would you like them whiter? □ Yes □ No
10. Are the edges of any teeth worn down, chipped, or uneven? □ Yes □ No
11. Are you self-conscious about your teeth or smile? □ Yes □ No
12. Are you satisfied with the appearance of your teeth? □ Yes □ No

    If not, what would you like to change? _____
13. Do you have pain in your jaw joints (TMJ)? □ Yes □ No

_____ _____ Date _____

Patient's or Guardian's Signature Doctor's Signature

Dr. Janet Stukalin, D.D.S.

Financial Policy and Agreement

Thank you for choosing Dr. Janet Stukalin as your dental health care provider. We appreciate your trust in us and welcome you to our practice. The following is an explanation of our Financial Policy Agreement, which should be read and signed prior to your dental treatment.

Appointments changed, cancelled or not kept with less than forty-eight (48) business hours' notice are considered ***No Show appointments***. Without appropriate notice it is difficult for us to find a patient to fill the appointment time reserved for you. This is very costly to our office and keeps other patients from receiving the timely dental care they need. Our office does not schedule multiple patients at the same time. If you book a 2 hour appointment, that full 2 hours is reserved solely for you. We take your time seriously, so we ask you to please be considerate and inform us in advance if you need to change or cancel your appointment. ***To minimize patient costs, a $150 per scheduled treatment hour fee will be charged for the first No Show appointment without 48 business hours' notice.*** After the first No Show, prepayment for future appointments will be expected.

PATIENTS WITH DENTAL INSURANCE: Our dental office is considered an out-of-network dental provider. As a courtesy, our office will be happy to submit your dental claim to your provider to help with your reimbursement, however you must provide all dental insurance information along with any changes to your coverage to our office. Your dental plan is a contract between you and your provider. We are not a party to that contract. Your bill is your responsibility whether your dental plan pays or not. At times, you may need to contact your dental plan regarding slow or non-payment of your claim(s).

Pre-Treatment Estimates: At your request, a pretreatment estimate may be submitted to learn what your insurance company estimates they will pay for specific treatment. Unfortunately, your insurance carrier will NOT guarantee any information given to us, even with a pre-estimate; therefore we cannot guarantee the percentage of your treatment they will cover. We do not base our diagnosis on what your insurance will or will not cover. Diagnosis of treatment is based on your dental health and teeth, bone, and/or gum needs from a conservative approach. The patient/guarantor is ultimately responsible for all charges incurred with our office should your insurance carrier not pay for any reason. **Fees given on any treatment plan are valid for 12 months and are subject to change after that period.**

Printed Name: _____

Patient Signature: _____ Date: _____