



Ivory Dental Clinic

Creating smiles with a gentle touch.

328 Canterbury Road

Heathmont, VIC 3135

(03) 9879 2040

04 7797 1158

Dear new patient, welcome to Ivory Dental, your home for personalized dentistry.

Title: <i>Mr Mrs Ms Dr</i>	Mobile phone:
First name:	Home phone:
Surname:	Email:
Home Address:	Circle preferred contact: <i>mobile – home – SMS - email</i>
City/Suburb: State: Post Code:	Emergency contact name/relation/phone:
Date of Birth:	
Occupation:	Private insurance: Y / N
How did you hear about us?	

Health Information (tick ✓ if yes)

List all medications taken in the last 3 months:	Allergy to penicillin or other meds:	Are you pregnant? (Due Date)
<input type="checkbox"/> Heart problems	<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> HIV/AIDS	
<input type="checkbox"/> Stroke	<input type="checkbox"/> Osteoporosis / Other Bone Problems	
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Arthritis	
<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Artificial hip / Implants / Transplants	
<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Stomach / Digestive Problems	
<input type="checkbox"/> Radiotherapy/chemotherapy	<input type="checkbox"/> Smoking	

Feb-2019

The information provided on this form is considered confidential and I have accurately completed this form to the best of my knowledge. I hereby give my authority for any treatment agreed upon by me, to be carried out by the dentists and their staff and I assume full financial responsibility for said treatment and will settle the account at the end of each visit.

Signature: _____ Name: _____ Date: _____
(patient or parent/guardian for minors)