

## Prime Dental Care - USA

### Recurring Patient Annual Information Update

This is an annual update form and it serves to update/renew any forms you have filled with us before such as ( Confidentiality, Financial Policy Agreement , communication consents , periodic examinations and teeth cleanings consents ) [\_\_\_\_\_] Initial

Date: \_\_\_\_\_

- Last Name \_\_\_\_\_ First Name \_\_\_\_\_
- Date Of Birth: \_\_\_\_\_
- Any Changes to your email or phone home address? No / Yes (Please Circle)
- If yes please list new below :
- Best Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_
- Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Have there been **any changes to your dental insurance?** No / Yes (Please Circle)  
If yes Please, **provide our staff with the new information**
- Are you having any dental emergency or concerns today? No / Yes (Please Circle)  
Please Circle Your Dental Concerns:  

<b>Chek up &amp; Exam</b>	<b>Pain</b>	<b>Cavities</b>	<b>Teeth Cleaning</b>	<b>Teeth Whitening</b>
<b>Missing Teeth</b>	<b>Jaw Pain</b>	<b>Braces</b>	<b>Teeth Sensitivity</b>	
<b>Other:</b> _____				

### Medical History Update

Have you been diagnosed with any new medical conditions since the last time you been to our office? YES OR NO (Please Circle)

***If yes, please ask our Front Desk For A New Medical History Form***

I certify that I have completely read and understand this form.

Patient/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_