



**MEDICATIONS**

**PURPOSE OF MEDICATIONS**

**PLEASE LIST ANY/ALL VITAMINS-**

**If you are currently not taking any medications, please put N/A or None below:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**\*\* PLEASE LIST ANY TYPES OF SURGERY\*\*  
(Including, non-dental surgeries)**

**SURGERY**

**DATE AND DESCRIPTION**

_____	_____
_____	_____
_____	_____

\*If you are a New Patient-How did you hear about Batesville Dental? Whom may we thank for your referral? \_\_\_\_\_

\*Due to the importance for early detection of oral problems not normally identified during routine dental exams, the American Dental Association has recommended that adults obtain a full-mouth series of x-rays every three years. We believe this recommendation is prudent.

\*\*It is the patient's responsibility to know what his/her insurance coverage and their benefits. Each dentists' office works with several insurance companies and cannot guarantee what each patients' provides. The contract is between you and the insurance company. We only provide the dental treatment. But, we are here to help you in any way possible.

Signature \_\_\_\_\_  
(If patient is a minor or under 18 yrs of age: Parent/Guardian's Signature)

\* Patients are required to pay at the time of visit.