

Signed: \_\_\_

Print name: \_

### Monesmith & Wood ORAL & MAXILLOFACIAL (please print and sign at the bottom) SURGERY, P.C.

## **Patient Information**

Songeri, 1.C.			
Mr. Mrs. Ms. Miss First MI	Last	Nickname	
Address:	City/State:	Zip:	
Home Tel Number: Work Tel Number			
Date of Birth / Age	Sex:		
Soc. Sec. #:			
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced			
Name of your Dentist: Physician:			
Who referred you to our office? ☐ Dentist ☐ Physician ☐ Ortho			
If patient is a full time student, name of school:			
Emergency contact:			
Relationship to patient:			
Permission to release my healthcare information to the following per			
Is someone other than the patient responsible for this account?	A CHESA CAROLINA CARREST CONTRACTOR SALES CONTRACTOR CO		
Name:DOB:/			
Address:			
Relationship to patient:Occup	oation:	Work Phone:	
If there is additional insurance covered Name:  Insured Soc. Sec. #:	Name of insurance compan DOB / / Ins Plan ID (if other than SS#):	y:ured Daytime Phone:	
Relationship to patient: Insurance Co. Address:			
msurance Co. Address	_ Employer Name		
MEDICAL  If there is additional insurance cov	100		
Primary Medical Insurance	Name of insurance compan		
		ured Daytime Phone:	
Insured Soc. Sec. #:			
Relationship to patient:			
Insurance Co. Address:	_ Employer Name:		
Preferred Pharmacy	Phone	#:	
I understand in signing this statement that I am financially responsible responsible for all fees incurred, including any costs for collection, i sideration for assignment, litigation expenses, or any other incident release of healthcare information related to claims processing, and d I understand that Drs. Monesmith and Wood will file my insurance insurance company concerning the benefits available to me, preferred	f necessary, including: attornal expenses incurred by this irect any benefits payable to claim as a courtesy only and	ey fees, court costs, collection costs, con- office or our assignee(s). I authorize the me to be paid directly to the provider. it is my responsibility to check with my	

Patient Signature (If the patient is a minor, parent or guardian please sign)

#### **Medical History**

#### (please mark yes or no for each question)

Reason for today's office visit:    Yes	Are you in good health?  Height	Patient Name:	1	First	MI	Last			Nickname
Are you tin good health? Height Weight Age Have there been any changes in your general health in the past year? Are you under the care of physician? If yes, please explain: If yes, please explain: If yes, please explain: Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)? If yes, Please list Please indicate if you have had any of the following conditions:  Heart disease Ves No Notes Heart disease Ves No Notes Heart disease Ves No Notes Heart disease Heart number High blood pressure Helph blood pressure Hel	Are you in good health? Height Weight Age	Reason for today's office	visit:						
Height   Weight   Age	Height Weight Age			- 11 1			Yes	No	Notes
Have there been any changes in your general health in the past year?  Are you under the care of physician?  If yes, clate of last visit	Have there been any changes in your general health in the past year?  Are you under the care of physician?  If yes, date of last visit								
Are you under the care of physician?  If yes, please explain:  Are you and any serious illness, operation or been hospitalized?  If yes, please explain:  Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)?  If yes. Please list  Please indicate if you have had any of the following conditions:  Heart disease  Yes No Notes  Heart disease  Yes No Notes  Heart disease  Chest pains  Heart numur  Stomach ulcers  Mitral valve prolapses  Richard tales and the store of the	Are you under the care of physician?  If yes, please explain:  Are you had any serious illness, operation or been hospitalized?  If yes, please explain:  Are you allerige to anything (such as latex, tape, antiobiotics, pain medications)?  If yes - Please list  Please indicate if you have had any of the following conditions:  Heart disease  Yes No Notes  Anemia Yes No Notes  Chest pains Bleeding problems  Chest pains Bleeding problems  Chest pains Bleeding problems  Heart nummur  Antificial heart valve Please ist  Pacemaker British or jaundice  Stroke Chemotherapy  Pacemaker British or jaundice  Stroke Diabetes  Glaucoma Glaucoma British or jaundice  Stroke Ashma Arthritis Lung disease Arthritis  Lung disease Arthritis Shortness of breath British or jaundice  Shortness of breath British or jaundice Shortness of breath British or jaundice Pays Persistential Shortness of breath British or jaundice Pays Persistential British Pays Persistential	Height							
If yes, date of last visit	If yes, date of last visit For what are you being treated?    New you had any serious illness, operation or been hospitalized?	Have there been any chang							
Have you had any serious illness, operation or been hospitalized?  If yes, please explain:  Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)?  If yes - Please list  Hease indicate if you have had any of the following conditions:  Heart disease  Yes No Notes  Anemia  Chest pains  Heart disease  Yes No Notes  Anemia  Chest pains  Heart murmur  Stomach ukers  Mitral valve prolapse  HIV or AIDS  Rheumatic fever  Cancer or tumors  High blood pressure  Radiation treatment  Artificial heart valve  Chemotherapy  Pacemaker  Hepatitis or jaundice  Stroke  Glaucoma  Fainting spells  Asthma  Arthritis  Lung disease  Asthma  Arthritis  Notes  Asthma  Arthritis  Notes  Seizures (epitepsy)  Hay fevershussitis  Solone appear  Delayed healing  Do you need to premedicate with antibiotics prior to any dental work or surgery?  Are you currently taking any drugs or medications?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had or you can be presented any of the following drugs: Fosamax, Aredia or Zometa?  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over head presented for clicking or pain in your jaw joint (TMJ)?  If yes - Please list  Have you over been prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you over head presented for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density?  If yes - Please list  Do you smoke, vape or use tobacco products?  Are you grapana?  Are you on unsing?  Do you have any bistory of family diseases that we should know about?	Have you had any serious illness, operation or been hospitalized?  If yes, please explain:  Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)?  If yes - Please list  Please indicate if you have had any of the following conditions:  Heart disease  Yes No Notes  Anemia  Chest pains  Heart disease  Yes No Notes  Bleeding problems  Heart murmur  Mitral valve prolapse  HIV or AIDS  Rheumatic fever	Are you under the care of	physician	1?					
Have you had any serious illness, operation or been hospitalized?  If yes, please explain:  Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)?  If yes - Please list  Hease indicate if you have had any of the following conditions:  Heart disease  Yes No Notes  Anemia  Chest pains  Heart disease  Yes No Notes  Anemia  Chest pains  Heart murmur  Stomach ukers  Mitral valve prolapse  HIV or AIDS  Rheumatic fever  Cancer or tumors  High blood pressure  Radiation treatment  Artificial heart valve  Chemotherapy  Pacemaker  Hepatitis or jaundice  Stroke  Glaucoma  Fainting spells  Asthma  Arthritis  Lung disease  Asthma  Arthritis  Notes  Asthma  Arthritis  Notes  Seizures (epitepsy)  Hay fevershussitis  Solone appear  Delayed healing  Do you need to premedicate with antibiotics prior to any dental work or surgery?  Are you currently taking any drugs or medications?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had or you can be presented any of the following drugs: Fosamax, Aredia or Zometa?  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over had any adverse reaction to an anesthetic?  If yes - Please list  Have you over head presented for clicking or pain in your jaw joint (TMJ)?  If yes - Please list  Have you over been prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you over head presented for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density?  If yes - Please list  Do you smoke, vape or use tobacco products?  Are you grapana?  Are you on unsing?  Do you have any bistory of family diseases that we should know about?	Have you had any serious illness, operation or been hospitalized?  If yes, please explain:  Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)?  If yes - Please list  Please indicate if you have had any of the following conditions:  Heart disease  Yes No Notes  Anemia  Chest pains  Heart disease  Yes No Notes  Bleeding problems  Heart murmur  Mitral valve prolapse  HIV or AIDS  Rheumatic fever				For what	at are you being treated?			
Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)?  If yes - Please list  Please indicate if you have had any of the following conditions:  Heart disease Yes No Notes Anemia Yes No Notes  Chest pains  Heart disease Bleeding problems  Heart murnur  Stomach ulcers  Mitral valve prolapse  Ritentatic fever Cancer or tumors  High blood pressure Radiation treatment  Artificial heart valve Chemotherapy  Pacemaker Hepatitis or jaundice  Stroke Diabetes  Gliaucoma Herris or Jaundice  Stroke Diabetes  Fainting spells Kidney disease  Fainting spells Kidney disease  Fainting spells Kidney disease  Fainting spells Kidney disease  Fainting spells Solories Solo	Are you allergic to anything (such as latex, tape, antiobiotics, pain medications)?  If yes - Please list  Please indicate if you have had any of the following conditions:  Heart disease  Yes No Notes  Anemia  Yes No Notes  Heart murmur  Stomach ulcers  Heart murmur  Stomach ulcers  Heart murmur  Stomach ulcers  Heart murmur  Stomach ulcers  Heart murmur  Radiation treatment  Artificial heart valve  Pacemaker  Hepatitis or jaundice  Sroke  Diabetes  Glaucoma  Thyroid disease  Fainting spells  Artificial pionts  Skidney disease  Fainting spells  Artificial joints  Lung disease  Artificial joints  Sowollen ankles  Shortness of breath  Shortness of breath  Shortness of breath  Delayed healing  Paychiatric disorder  If yes - Please list  Have you ever had or been treated for clicking or pain in your jaw joint (TMJ)?  If yes - Please list  Have you ever had any adverse reaction to an anesthetic?  If yes - Please list  Have you ever head prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you ever head any adverse reaction to an anesthetic?  If yes - Please list  Have you ever head any adverse reaction to an anesthetic?  If yes - Please list  Have you ever head any adverse reaction to an anesthetic?  If yes - Please list  Have you ever head any adverse reaction to an anesthetic?  If yes - Please list  Have you ever head any adverse reaction to an anesthetic?  If yes - Please list  Have you ever head or been treated for clicking or pain in your jaw joint (TMJ)?  If yes - Please list  Have you ever head prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you ever hear prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you ever hear prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you ever hear prescribed any of the following drugs: Fosamax, Aredia or Zometa?  If yes - Please list  Are you prognant?  Are you orgnant?			peration (	or been hospitalized?				
If yes - Please list Please indicate if you have had any of the following conditions:    Yes	If yes - Please list Please indicate if you have had any of the following conditions:    Yes			s latex t	ane antiobiotics pain me	edications)?			
Please indicate if you have had any of the following conditions:    Heart disease	Please indicate if you have had any of the following conditions:    Heart disease			is rater, t	ape, untrodicties, pain in	edications).			
Chest pains	Yes   No   Notes   Notes   Anemia   Yes   No   Notes			of the fo	llowing conditions:				
Heart disease   Anemia   Bleeding problems   Heart murmur   Stomach ulcers   Mitral valve prolapse   HIV or AIDS   Helve the murmur   Radiation treatment   Artificial heart valve   Cancer or tumors   High blood pressure   Radiation treatment   Artificial heart valve   Chemotherapy   Pacemaker   Hepatitis or jaundice   Stroke   Diabetes   Glaucoma   Thyroid disease   Fainting spells   Kidney disease   Fainting spells   Kidney disease   Fainting spells   Artificial points   Fainting spells   Artificial points   Fainting spells   Artificial points   Fainting spells   Artificial points   Fainting spells   Fainting spells	Heart disease						Yes	No	Notes
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Artificial heart valve	Artificial heart valve								
Pacemaker   Hepatitis or jaundice   Stroke   Diabetes   Diabetes   Ministry	Pacemaker   Hepatitis or jaundice   Stroke   Diabetes   Glaucoma   Thyroid disease   Fainting spells   Kidney disease   Asthma   Arthritis   Lung disease   Artificial joints   Tuberculosis   Seizures (epilepsy)   Hay fever/sinusitis   Swollen ankles   Shortness of breath   Liver disease   Snoring or sleep apnea   Alcohol/drug abuse   Delayed healing   Psychiatric disorder   Do you need to premedicate with antibiotics prior to any dental work or surgery?   Are you currently taking any drugs or medications?   If yes - Please list   Have you ever had any adverse reaction to an anesthetic?   If yes - Please list   Have you ever had on been treated for clicking or pain in your jaw joint (TMJ)?   If yes - Please list   Have you ever had on been treated for clicking or pain in your jaw joint (TMJ)?   If yes - Please list   Have you ever bad on the prescribed any of the following drugs: Fosamax, Aredia or Zometa?   Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa?   Have you ever been treated for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density?   Is this visit a result of an accident?   If yes - Please list   Have you ever taken diet pills (such as Fen-Phen or Redux)?   Are you taking any herbal medications (such as St. John's Wort)?   Women: Are you taking birth control pills?   Are you pregamt?   Are you pregamt?   Are you note conditions or problems we should know about prior to treatment?								
Stroke Glaucoma Thyroid disease Stainting spells Asthma Arthritis Lung disease Asthma Arthritis Lung disease Artificial joints Tuberculosis Bay Gever/sinusitis Swollen ankles Shortness of breath Shortness of breath Boyou need to premedicate with antibiotics prior to any dental work or surgery?  Are you currently taking any drugs or medications? If yes - Please list Have you ever had any adverse reaction to an anesthetic? If yes - Please list Have you ever had any not been treated for clicking or pain in your jaw joint (TMJ)? If yes - Please list Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa? Have you ever been treated for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density? Is this visit a result of an accident? If yes - Please list Do you smoke, vape or use tobacco products? Have you ever taken diet pills (such as Fen-Phen or Redux)? Are you currently and any enursing? Are you taking any herbal medications (such as St. John's Wort)? Women: Are you taking any herbal medications (such as St. John's Wort)? Are you taking any herbal medications (such as St. John's Wort)? For you have any other conditions or problems we should know about prior to treatment? If yes - Please list Do you have any other conditions or problems we should know about?	Stroke Glaucoma Thyroid disease Fainting spells Asthma Arthritis Arthritis Lung disease Asthma Arthritis Swollen ankles Shortness of breath Shortness of breath Shortness of breath Boy ou need to premedicate with antibiotics prior to any dental work or surgery? Are you currently taking any drugs or medications? If yes - Please list Have you ever had any adverse reaction to an anesthetic? If yes - Please list Have you ever had or been treated for clicking or pain in your jaw joint (TMJ)? If yes - Please list Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa? Have you ever been treated for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density? Is this visit a result of an accident? If yes - Please list Do you smoke, vape or use tobacco products? Have you ever taken diet pills (such as Fen-Phen or Redux)? Are you taking any herbal medications (such as St. John's Wort)? Women: Are you taking any herbal medications (such as St. John's Wort)? Women: Are you pregnant? Are you pregnant? Are you productions or problems we should know about prior to treatment?								
Glaucoma Fainting spells Kirdney disease Kirdney disease Arthritis Lung disease Arthritis Lung disease Artificial joints Fuberculosis Seizures (epilepsy) Hay fever/sinusitis Swollen ankles Shortness of breath Liver disease Snoring or sleep apnea Delayed healing Psychiatric disorder Do you need to premedicate with antibiotics prior to any dental work or surgery? Are you currently taking any drugs or medications? If yes - Please list Have you ever had any adverse reaction to an anesthetic? If yes - Please list Have you ever had any adverse reaction to an anesthetic? If yes - Please list Have you ever had any number of clicking or pain in your jaw joint (TMJ)? If yes - Please list Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa? Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa? Have you ever been treated for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density? Is this visit a result of an accident? If yes - Please list Do you smoke, vape or use tobacco products? Have you ever taken diet pills (such as Fen-Phen or Redux)? Are you taking any herbal medications (such as St. John's Wort)? Women: Are you taking any herbal medications (such as St. John's Wort)? Are you taking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)? Are you utaking any herbal medications (such as St. John's Wort)?	Glaucoma   Thyroid disease   Fainting spells   Kidney disease   Arthritis   Lung disease   Arthritis   Lung disease   Arthritis   Lung disease   Artificial joints   Tuberculosis   Seizures (epilepsy)   Hay fever/sinusitis   Seizures (epilepsy)   Hay fever/sinusitis   Swollen ankles   Shortness of breath   Liver disease   Snoring or sleep apnea   Alcohol/drug abuse   Delayed healing   Psychiatric disorder    Do you need to premedicate with antibiotics prior to any dental work or surgery?  Are you currently taking any drugs or medications?  If yes - Please list   Have you ever had any adverse reaction to an anesthetic?  If yes - Please list   Have you ever had or been treated for clicking or pain in your jaw joint (TMJ)?  If yes - Please list   Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa?  Have you ever been treated for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density?  Is this visit a result of an accident?  If yes - Please list   Do you smoke, vape or use tobacco products?  Have you ever taken diet pills (such as Fen-Phen or Redux)?  Are you taking any herbal medications (such as St. John's Wort)?  Women: Are you taking birth control pills?  Are you taking any other conditions or problems we should know about prior to treatment?								
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Tuberculosis	Tuberculosis   Seizures (epilepsy)   Hay Fever/sinusitis   Swollen ankles   Swollen ankles   Shortness of breath   Liver disease   Snoring or sleep apnea   Alcohol/drug abuse   Delayed healing   Psychiatric disorder   Yes   No   Notes    Do you need to premedicate with antibiotics prior to any dental work or surgery?   Yes   No   Notes    To you urrently taking any drugs or medications?   Yes - Please list   Plave you ever had any adverse reaction to an anesthetic?   If yes - Please list   Have you ever had on been treated for clicking or pain in your jaw joint (TMJ)?   If yes - Please list   Have you had any unusual problems with previous dental work?   If yes - Please list   Have you ever been prescribed any of the following drugs: Fosamax, Aredia or Zometa?   Have you ever been treated for or are you taking medication for osteoporosis or any other condition resulting in loss of bone density?   If yes - Please list   Sthis visit a result of an accident?   If yes - Please list   They are please								
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Dec 20

Patient / Parent or Guardian Signature

### Monesmith & Wood Oral and Maxillofacial Surgery, P.C.

# CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I,, have been given and have reviewed a copy of the Monesmith & Wood's Notice of Privacy Practices. understand that my signature on this form gives my consent for my protected health information to be used for the purposes of: TREATMENT, PAYMENT, HEALTHCARE OPERATIONS.
I also acknowledge with this consent, that the office of Dr.'s Monesmith & Wood may call (leaving messages on voice mail, answering machine, or in person) or mail to my home or other alternative location, any healthcare operations such as: APPOINTMENT REMINDERS; INSURANCE ITEMS; PATIENT STATEMENTS; REQUESTS TO CONTACT THE OFFICE; INSTRUCTIONS, OR OTHER REPLIES AS REQUESTED BY THE PATIENT.
I have the right to revoke this Consent at any time by giving written notice. I understand that revocation of this Consent will not affect any action that was previously taken in reliance of this Consent. If I refuse to sign this Consent, or later revoke it, Dr.'s Monesmith & Wood. may decline to provide treatment to me.
SIGNATURE of Patient/Parent/Guardian PRINTED Name of Patient/Parent/Guardian
DateWitness
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(The office of Dr.'s Monesmith & Wood reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to this office.)