

Karen E. Lanier, DDS, MS, PA

203 Boulevard Street
High Point, NC 27262
889-5466

241 E. Center Street
Lexington, NC 27292
224-1665

Last Name	First Name	Middle	Date Of Birth	Sex	Marital Status
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Social Security #	Street Address	City	State	Zip
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Home Phone Number	Work Number	Cell Phone Number	Employer
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NOTE: Please complete next line if someone other than the patient is responsible for payment.

Name	Relationship to Patient	Social Security #	Date Of Birth
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FINANCES

Payment of copay is expected at each appointment. For your convenience, we offer the following methods of payment. Please check the option that you prefer. If you have any questions concerning financial arrangements, it will be our pleasure to assist you.

- | | |
|-------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Personal Check |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard |

Authorization, Release, & Agreement to Pay for Services Rendered

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me during the period of such dental care to third-party payors and/or health practitioners.

I authorize and hereby request my insurance company to pay directly to the dentist (or the dental group) insurance benefits otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependents.

Signature of patient or parent if minor

Date

Who may we thank for referring you to our office? _____

Do you have dental insurance? _____

Medical Dr's Name _____ Date of Last Visit _____ Reason _____

Are you under a Dr's care now or in past 5 yrs? _____ If so why? _____

Have you ever been hospitalized or received a blood transfusion? _____

Are you taking any medications, pills or drugs? _____ If so, what and for what reason? _____

Are you allergic to any medications or substances? If so, what? _____

Are you taking a blood thinner? _____ Are you pregnant?(Women) _____

Please **Circle** if you have had any of the following:

- | | | | |
|-------------------------------|-----------------------|----------------------|---------------------|
| High blood pressure | Fainting/dizziness | Lung Disease | Glaucoma |
| Low blood pressure | Convulsions | Tuberculosis | Epilepsy/seizures |
| Heart Trouble | Stroke | Liver Disease | Nervousness |
| Heart Murmur | Diabetes | Hepatitis A | Alzheimer's Disease |
| Rheumatic Fever | Excessive thirst | Hepatitis B | Hypoglycemia |
| Mitral Valve Prolapse | Artificial Joint/Hips | Hepatitis C | Psychiatric Care |
| Congenital heart lesion | Kidney trouble | Recent weight loss | Drug addiction |
| Artificial heart valve | Ulcers | Cancer | Blood transfusion |
| Heart Pace Maker | Allergies | Thyroid Disease | Hemophilia |
| Heart Surgery | Scarlet Fever | Parathyroid Disease | AIDS (HIV) |
| Blood Disease | Asthma | X-ray or Cobalt Trmt | Venereal Disease |
| Anemia | Hay Fever | Chemotherapy | Cold Sores |
| Chest Pain | Sinus Trouble | Radiation/Chemo | Yellow Jaundice |
| Shortness of Breath | Emphysema | Pain in Jaw Joints | Herpes |
| Skin Diseases | Frequent Cough | Cortisone Medicine | Bruise Easily |
| Swelling of hands/feet/ankles | Sickle Cell Anemia | Abnormal Bleeding | Alcohol Abuse |
| Angina Pectoris | Colitis | Headaches | Cosmetic Surgery |
| Fainting Spells | Leukemia | Respiratory Problems | Bisphosphonates |

Do you use or have you used recreational drugs? Y or N

Have you ever had any other serious illness not circled above? If so what? _____

Do you wish to talk to the doctor privately about any problem? Y or N

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I also understand that I am responsible for payment of services.

Patient's Signature (Parent or Guardian)

Date