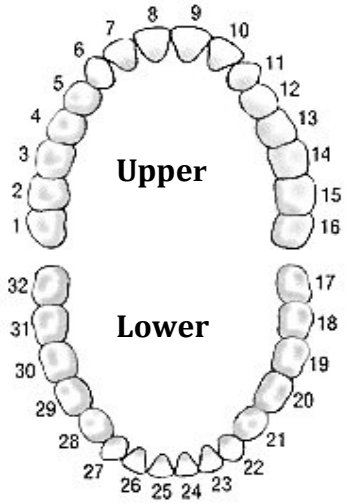
BERNAL DENTAL GROUP
THE BEST DENTAL CARE IN LOS ALGODONES

# *Patient Questionnaire*

**Name:** _____ **Date:** _____
**Age:** _____ **Mailing Address:** _____
**Phone:** _____ _____
**Referred by:** _____ **Occupation:** _____
**SS#:** _____

## DO YOU HAVE?

**Diabetes:** _____
**High Blood Pressure:** _____
**Cancer:** _____
**Lung Cancer:** _____
**Heart Disease:** _____
**Hemorrhage Disease** _____
**Hepatitis B** _____
**AIDS** _____
**Transfusions:** _____
**Are you pregnant:** _____
**Allergies:** _____
_____
**Last Dental Checkup:** _____
**Other:** _____




**Treatment**

_____
_____
_____
_____

| *Tooth* | *Treatment* | *Fee* |
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**Reason for your visit:** _____
_____
_____

**I accept the dental estimate made and I am aware of the need to come back every six months for a routine checkup. That way my warranty will be effective. All dental work is guaranteed because we use the best labs. But there is no money back.**

**Signature:** _____ **Date:** _____
**Doctor:** _____ **Insurance:** _____

ems 3/16/09