

Medical History Page 2

Please list any pertinent information and serious medical conditions you have ever had and explain _____

Allergies:

Y	N	Penicillin	Y	N	Dental Anesthetics (Novocain)
Y	N	Aspirin	Y	N	Sulfa drugs
Y	N	Tetracycline	Y	N	Latex
Y	N	Codeine	Y	N	Other

Please list any others not mentioned including food

allergies: _____

Do you smoke? Y N Pks per day _____ # of Years _____

Do you use any other tobacco products? Y N Amount Daily _____
(Pipe, cigars, snuff, dip, chew)

I acknowledge that the information given today is accurate to the best of my knowledge. I understand that this information will be held in the strictest confidence as outlined by HIPAA guidelines. I am aware it is my responsibility to inform the office immediately of any and all changes in my medical status. I also understand that every insurance policy is different and that I owe the total amount charged to my account regardless of insurance coverage. Any estimates of insurance coverage by Dr. Elias' office are done as a courtesy and are not binding and only my insurance company can make a final determination of benefits for my treatment. All co-pays and deductibles are due at the time of service.

X _____ Date: _____.

Signed by patient or guardian

INSURANCE COVERAGE

Insurance Company _____

Address _____

City, State, Zip _____

Group Number _____ Phone Number _____

Employer _____

Subscriber's Name _____ ID # _____

Subscriber's birthdate _____

INSURANCE COVERAGE SECONDARY

Insurance Company _____

Address _____

City, State, Zip _____

Group Number _____ Phone Number _____

Employer _____

Subscriber's Name _____ ID # _____

Subscriber's birthdate _____