

PATIENT UPDATE

Patient Information					
Name:	single married widow/er	Date of Birth:			
Parent or Guardian:					
Home Address: _____ _____		Home Phone: _____			
		Cell Phone: _____			
		Work Phone: _____			
Email Address:		Preferred Contact: Text msg Cell Work Home Email			
Emergency Contact:		Phone:		Relation:	

Medical History				
<i>Please circle any condition that pertains to you:</i>				
Heart Disease/surgery	High Blood Pressure	Diabetes	Stroke	Premedication
Heart Murmur	Bleeding Disorder	Liver Disease	Epilepsy	Cancer
Mitral Valve Prolapse	Breathing Problems	Kidney Disease	Fainting	Chemotherapy
Congenital Heart Disease	Sinus Problems	Arthritis	Tumors	Radiation Tx
Angina/Chest Pain	Asthma	Artificial joint	Psychiatric	Drug Addiction
Heart Pacemaker	HIV / AIDS	Alzheimer's	Convulsions	Osteoporosis
Other Conditions that are unlisted:				
Medications: _____		Drug Allergies: _____		
_____		_____		
_____		_____		
_____		_____		
Hospitalizations with dates:				
Physician's Name:		Physician Phone Number:		

Consent for Treatment and Notice of Privacy Practices

1. I authorize the office of Eugene Y. Rhee, D.D.S., P.A. to take x-rays, study models, photographs, and any other diagnostic aids deemed appropriate to make a thorough diagnosis.
2. The Medical Information that I provided is accurate and complete. I agree to the use of local anesthetics if necessary and I understand that using any anesthetic embodies certain risks. I understand that I can ask for a complete explanation of the potential risks and complications.
3. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made.
4. I understand that 24 hours notice is required for All schedule changes and I understand that there is a charge for missed appointments if I do not provide adequate notice.
5. I acknowledge that I have read and if requested received a copy of the "Notice of Privacy Practice"

Patient Signature: _____ Date: _____
 Parent Signature: _____