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NOTICE TO PARENT AND/OR GUARDIAN

As part of our continued efforts to better serve you, we require this brief update to be completed in full every 6 months. We greatly appreciate your understanding and cooperation!

MEDICAL HISTORY UPDATE

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Date of Last Physical/Pediatrician Exam: _____

Has there been any changes in the patient's health since last dental appointment? **Y** or **N**

If "yes" describe: _____

Has there recently been any significant changes and/or disruptions to your child's family, home or school routines? **Y** or **N**

If "yes" please list: _____

Is your child taking any new medications? **Y** or **N**

If "yes" please list: _____

Has there been any injury to the teeth, head or neck since the last visit? **Y** or **N**

If "yes" please list: _____

Is there any condition or problem you wish to bring to the dentist's attention? **Y** or **N**

If "yes" please list: _____

Has your child been seen by another dentist or dental professional since the last visit? **Y** or **N**

Reason: _____

PLEASE KNOW YOUR INSURANCE PLAN. WE CANNOT GUARANTEE PAYMENT BY YOU INSURANCE CARRIER

We recommend a fluoride treatment with each cleaning

Do we have permission to provide a fluoride treatment for your child today? **Y** or **N**

We recommend periodic evaluation of teeth with x-rays

Do we have permission to take x-rays today, if the doctor feels the need? **Y** or **N**

PARENT GUARDIAN INFORMATION

Name of responsible party accompanying child today: _____

Parent/Guardian's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current E-Mail Address: _____

Current Dental Insurance Carrier: _____ Employer Carrying Insurance: _____

Responsible Party's Signature: _____ **Date:** _____