	COME	
	RTHODONTIST	
We would like to welcome you and your child to our offic We strive to teach good oral care that will enable	ce. Our goal is to make every child's visit pleasant and educational. e your child to have a beautiful smile that lasts a lifetime.	
OSEPH E. JAMISON, DDS, P.A. 1409 N	MEDICAL CENTER DRIVE • WILMINGTON, NORTH CAROLINA 28401 • TEL: 763-	
TELL US ABOUT YOUR CHILD	PERSON RESPONSIBLE FOR ACCOUNT	
Today's Date:		
Child's Name:	Name: Relation:	
Nickname:Sex: M F	Billing Address:	
Child's Birthdate: Child's Age:	CITY STATE ZI	
School: Grade:	Work #: Home #:	
Hobbies/Sports:	Employer:	
Child's Home #:	DL #: SS #:	
Child's Home Address	Who is Responsible for Making Appointments?	
APT./CONDO #	Name:	
CITY STATE ZIP	Work #: Home #:	
	Email:	
WHO IS ACCOMPANYING YOUR CHILD TODAY?		
Name: Relation:	PRIMARY ORTHODONTIC INSURANCE	
	Orthodontic Coverage? Ves No	
Whom may we Thank for referring you?	Insurance Co. Name:	
ist Brothers/Sisters w/Age:	Insurance Co. Address:	
	Insurance Co. Phone #:	
General Dentist:	Group # (Plan, Local, or Policy #):	
ast Visit Date:	Insured's Name:	
	Relationship to Patient:	
Parent's Marital Status: Single Widowed Narried Divorced Separated		
	Insured's Employer:	
MOTHER'S INFORMATION	SECONDARY ORTHODONTIC	
	INSURANCE	
Name:	Orthodontic Coverage? 🗆 Yes 🗆 No	
Work #: Home #:	Insurance Co. Name:	
Employer:	Insurance Co. Address:	
SS#:Birthdate:	Insurance Co. Phone #:	
FATHER'S INFORMATION Step Father Guardian	Group # (Plan, Local, or Policy #):	
Name:	Insured's Name:	
Work #: Home #:	Relationship to Patient:	
Employer:		
SS#: Birthdate:		

ORTHODONTICS TO ACCOMPLISH? Y N Y N Y N Image:				
Image: Second	THAT YOU WOULD LIKE	THE FOLLOWING	HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS?	
Image: Sour child ever been evaluated or had orthodonic treatment before? Image: Sour child ever been evaluated or had orthodonic treatment before? Image: Sour child ever had any child ever had any child ever had any played impairment child ever had any played impairment before? Image: Sour child ever had any played impairment child ever had any played impairment child ever had any played impairment child ever had any played or thold been informed of any extra or missing permanent teeth? Image: Sour child ever had any played impairment child ever had any played or had so the formed of any extra or missing permanent teeth? Image: Sour child ever had any played impairment child ever had any played impairment child floss his/her teeth daily? Image: Sour child ever had any played impairment child has had: Image: Sour child ever had any played impairment child floss his/her teeth daily? Image: Sour child ever had any played impairment child has had: Image: Sour child ever had any played impairment child has had: Image: Sour child currently under the care of a physician? Image: Sour child current physical health: Image: Sour child current physical health: Image: Sour child current physical health: Image: Sour child currently ever hild is allergic to: Image: Sour child floss that your child is current physical health: Image: Sour child ever had any at the discussed of any child has had: Image: Source hild ever had any played image: Source hild ever had any had be discussed and thead image: Source hild ever had				
Has your child ever been evaluated or had orthodontic treatment before? Yes No Have there been any injuries to the face, mouth, teeth or chin? Person No Have adenoids or tonsils been removed? Yes No List any musical instruments played Have adenoids or tonsils been removed? Yes No List any musical instruments played Have adenoids or tonsils been removed? Yes No List any musical instruments played Have adenoids or tonsils been removed? Yes No List any musical instruments played Have adenoids or tonsils been removed? Yes No List any musical instruments played Have adenoids or tonsils been removed? Yes No List any musical instruments played Have adenoids or tonsils been removed? Yes No Does your child ever had any pain/tenderness in his jaw joint (TMU/TMD?) Yes No Does your child floss his/her teeth daily? Yes No Does your child floss his/her teeth daily? Yes No Does your child floss his/her teeth daily? Yes No Has puberty begun? Yes No Has puberty begun? Yes No Please discuts any medical problems Is your child scurrently taking: Please list all drugs that your child is allergic to: Yes No Has mestruation begun? Yes No Has mestruation begun? Yes No Please list all drugs that your child is allergic to: Note the best of was they over child is allergic to: Note the best of was they over child is allergic to: Note the best of my responsible for any medical status. StorAture of PARENT OR GUARDIAN DATE This efficie responses the right to verify the credit state of operation for any extend of scored to any child is stated of any of the credit states of operation for any extend of scored to any child for any reed. StorAture of PARENT OR GUARDIAN DATE This efficie responses the right to verify the credit states of operation of the office of any child is stated of operation of the office of any child is stated of any child is stated of operation of the office of any child is stated of operation of the office of any child is stated of operation of the office of any child is stated of operation of the off			\Box \Box Congenital Heart Defect	
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chin? Yes No List any musical instruments played		🗆 🗆 Rheumatic Fever	🗆 🗆 Hearing Impairment	
Have adenoids or tonsils been removed? Yes No Has your child been informed of any extra or missing permanent teeth? Yes No Has your child ever had any pain/tenderness in his jaw joint (TMU/TMU)? Yes No Does your child been his/her teeth daily? Yes No Does your child fuss his/her teeth daily? Yes No Does your child fuss his/her teeth daily? Yes No Does your child fuss his/her teeth daily? Yes No Does your child currently under the care of a physician? Phone #: Date of Last Visit: Is your child currently under the care of a physician? Please discribe your child's current physical health: Good Fair Poor Please list all drugs that your child is current physical health: Good Fair Poor Please list all drugs that your child is allergic to: Understand that the information that I have given is correct to the best of my knowledge, that thy will be held in the strictest of confidence and my at the discretion of this office, use the strikes of one or more credit reporting services of one or more credit reporting to extending or ex		□ □ HIV+/AIDS	Any Operations	
Index autobasis been reformed of any extra or missing permanent teeth? Handicaps/Disabilities Has your child been informed of any extra or missing permanent teeth? Hepatitis Handicaps/Disabilities Has your child ever had any pain/tenderness in his jaw joint (TMU/TMD?) Hepatitis Hepatitis Allergies to any drugs. Does your child brush his/her teeth daily? Yes No Please discuss any medical problems that your child has had: Does your child forshis/her teeth daily? Yes No Please discuss any medical problems that your child has had: Phone #: Date of Last Visit:	List any musical instruments played	🗆 🗆 Hemophilia	🗆 🗆 Any stays in a hospital	
In a your child ever had any pain/tenderness in his jaw joint Image: the teth? Image: teth? </td <td>Have adenoids or tonsils been removed? \Box Yes \Box No</td> <td>🗆 🗆 Asthma</td> <td>🗆 🗆 Kidney/Liver problems</td>	Have adenoids or tonsils been removed? \Box Yes \Box No	🗆 🗆 Asthma	🗆 🗆 Kidney/Liver problems	
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(TMJ/TMD)? Yes No Does your child brush his/her teeth daily? Yes No Does your child floss his/her teeth daily? Yes No Does your child floss his/her teeth daily? Yes No Child's Physician:		🗆 🗆 Tuberculosis (TB)	\Box \Box Allergies to any drugs.	
Does your child floss his/her teeth daily? Yes No Child's Physician:		Please discuss any medical	problems that your child has had:	
Child's Physician:	Does your child brush his/her teeth daily? 🗆 Yes 🗆 No 🛛 🦹			
Phone #:	Does your child floss his/her teeth daily? 🛛 Yes 🗆 No			
Phone #:	Child's Physician:			
Is your child currently under the care of a physician? Presse No Has puberty begun? Presse No Has menstruation begun? (Giris) Presse No Please describe your child's current physical health: Cood Pair Poor Please list all drugs that your child is currently taking: Please list all drugs that your child is allergic to: I understand that the information that I have given is correct to the best of my knowledge, that it will be end in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I understand that the information that I have given is correct to the best of my knowledge, that it will be end in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I understand that the ending the strictest of confidence and may, at the discretion of this office, use the services of one or more credit reporting services. Signature of PARENT OR CUARDIAN DATE The Parent or Guardian who accompanies the child is responsible for payment. Our office Is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA. F O R O F F I C E U S E O N L Y I verbally reviewed the medical/dental information above with the patient named herein. Initials Date	Phone #: Date of Last Visit:			
Has menstruation begun? (Girls) Yes No Please describe your child's current physical health: Cood Fair Poor Please list all drugs that your child is currently taking: Interpret taking: Interpret taking: Interpret taking: Please list all drugs that your child is allergic to: Interpret taking: Interpret taking: Interpret taking: Interpret taking: I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my reponsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need. Signature of Parent or Guardian Date The Parent or Cuardian who accompanies the child is responsibilite for payment. Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA. F O R O F F I C E U S E O N L Y I verbally reviewed the medical/dental information above with the patient named herein. Initials Date	Is your child currently under the care of a physician?	อาการสมครรรมาร์ที่สมัยมามีการสมสัยมามีไม่ไรรับให้สมัยสารได้สัตวิจัยสีมีได้สารได้สัตวิจัยสีมีมีส	un men sener beneren men man men kenter of den med die steden die	
Has menstruation begun? (Girls) Yes No Please describe your child's current physical health: ODEFS FOURC CHILD HAVE ANY OF Please list all drugs that your child is currently taking: Y N Please list all drugs that your child is currently taking: Y N Please list all drugs that your child is allergic to: Y N Please list all drugs that your child is allergic to: Nursing Bottle Habits Nail Biting I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my reponsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need. Signature OF Parent or Guardian Date This office reserves the right to verify the credit status of potential patients and/or parents of patients prior to extending credit for treatment fees and may, at the discretion of this office, use the services of one or more credit reporting services. Signature OF Parent or Guardian Date Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA. E O R O F F I C E U S E O N L Y I verbally reviewed the medical/dental information above with the patient named herein. Initials Date	Has puberty begun? 🗆 Yes 🗆 No			
Please describe your child's current physical health: Image: Cood im				
Please list all drugs that your child is currently taking: Lip Sucking/Biting Speech Problems Nursing Bottle Habits Nail Biting Clenching/Grinding Tongue Thrust I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and I is my responsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need. Signature of Parent or Cuardian who accompanies the child is responsible for payment. Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA. I verbally reviewed the medical/dental information above with the patient named herein. Initials Date	Please describe your child's current physical health:			
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Please list all drugs that your child is allergic to: Clenching/Grinding Tongue Thrust Teeth I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need. Insolution of the best of my knowledge, that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need. Insolution of the status of potential batients and/or parents of patients prior to extending credit for treatment fees and may, at the discretion of this office, use the services of one or more credit reporting services. SIGNATURE OF PARENT OR GUARDIAN DATE The Parent or Guardian who accompanies the child is responsible for payment. Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA. F O R O F F I C E U S E O N L Y I verbally reviewed the medical/dental information above with the patient named herein. Initials Date				
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