

# HIGH SPEED BRACES!®

## PRELIMINARY HEALTH HISTORY FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
OCCUPATION/EMPLOYMENT: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR OFFICE? (circle one)  
TV            RADIO            DIRECT MAIL            FRIEND/FAMILY            OTHER

WHAT IS YOUR EMAIL ADDRESS? \_\_\_\_\_

ARE YOU **ALLERGIC** TO ANY **MEDICATIONS**? \_\_\_\_\_

ARE YOU ALLERGIC TO **LATEX**? \_\_\_\_\_

DO YOU HAVE, OR HAVE YOU HAD HEART TROUBLE, HEART MURMUR, RHEUMATIC FEVER, VALVE DISEASE/REPLACEMENT, OR MITRAL VALVE PROLAPSE? (OR ANY OTHER CONDITION REQUIRING **PREMEDICATION** WITH ANTIBIOTICS)? \_\_\_\_\_

WHEN WAS THE APPROXIMATE DATE OF YOUR LAST DENTAL CLEANING?  
\_\_\_\_\_

NAME AND TOWN OF CURRENT DENTIST: \_\_\_\_\_

WE ARE HERE TO OFFER YOU THE LATEST AND GREATEST IN COSMETIC DENTISTRY. WE HOPE YOU ENJOY YOUR STAY!

# HIGH SPEED BRACES!®

PLEASE TELL US WHAT YOU DO NOT LIKE ABOUT YOUR TEETH

- |   |  |
|---|--|
| <input type="checkbox"/> CROWDING/CROOKED TEETH     | <input type="checkbox"/> JAW JOINT PAIN  |
| <input type="checkbox"/> SPACES                     | <input type="checkbox"/> MISSING TEETH   |
| <input type="checkbox"/> TOOTH SHAPE                | <input type="checkbox"/> DARK TEETH      |
| <input type="checkbox"/> TOOTH SIZE                 | <input type="checkbox"/> SPEECH PROBLEMS |
| <input type="checkbox"/> GUMMY SMILE                | <input type="checkbox"/> OVERBITE        |
| <input type="checkbox"/> UNDERBITE                  | <input type="checkbox"/> FACIAL PROFILE  |
| <input type="checkbox"/> TEETH ARE DIFFERENT COLORS | <input type="checkbox"/> UGLY OLD CROWNS |
| <input type="checkbox"/> OTHER _____                |  |

I AM INTERESTED IN:

- 6-MONTH ADULT COSMETIC BRACES
- TEETH WHITENING    VENEERS    OTHER
- \_\_\_\_\_

PLEASE TELL US HOW YOU FOUND OUT ABOUT HIGH SPEED BRACES

Referral from a friend: \_\_\_\_\_  
If yes, whom may we thank? \_\_\_\_\_

Bench Ad: \_\_\_\_\_ Radio: \_\_\_\_\_ What station? \_\_\_\_\_ Television: \_\_\_\_\_

What Station? \_\_\_\_\_

Internet: \_\_\_\_\_ Print Ad: \_\_\_\_\_ If Yes, what Newspaper? \_\_\_\_\_

IS THERE ANYTHING YOU WOULD LIKE DR. ROCHON TO KNOW?

\_\_\_\_\_

\_\_\_\_\_