OYSTER POINT DENTISTRY
General and Cosmetic Dentistry
A DIVISION OF ATLANTIC DENTAL CARE

11848 ROCK LANDING DRIVE, SUITE 301
NEWPORT NEWS, VA 23606
TELEPHONE (757) 596-6211

PATIENT INFORMATION

NAME *(FIRST, MI, LAST)*				PREFERRED NAME/NICKNAME
BIRTH DATE *(MO/DY/YR)*	SEX ☐ MALE ☐ FEMALE	MARITAL STATUS ☐ S ☐ M ☐ D ☐ W ☐ CHILD		SOCIAL SECURITY #
HOME ADDRESS	APT. #	CITY	STATE	ZIP
EMAIL	HOME PHONE	BUSINESS PHONE		CELL PHONE

Occupation: ______________________________

Referred By: ______________________________

DENTAL INSURANCE INFORMATION

Insurance Company Name: ______________________ Telephone #: __________

Policy ID #: ______________________ Group#: ______________________

Policy Holder's Name ______________________ SS#: __________

Date of Birth: __________ Relationship to Patient: Self ☐ Spouse ☐ Child ☐ Other ☐ __________

Employer: ______________________________

SECONDARY DENTAL INSURANCE INFORMATION

Insurance Company Name: ______________________ Telephone #: __________

Policy ID #: ______________________ Group#: ______________________

Policy Holder's Name ______________________ SS#: __________

Date of Birth: __________ Relationship to Patient: Self ☐ Spouse ☐ Child ☐ Other ☐ __________

Employer: ______________________________

Medical & Dental History

Are you currently taking any prescription or non-prescription medications? **If yes, please list.**

Please indicate if any of the following apply to you:

- ☐ *TAKE DAILY ASPIRIN
- ☐ *TAKE BLOOD THINNER (Prescription)
- ☐ *TAKE PRE-MED: Amox (for joint Replacement)
- ☐ *TAKE PRE-MED: Other
- ☐ *TAKE PRE-MED: Keflex
- ☐ Allergy: Latex
- ☐ Allergy: Penicillin/Amox
- ☐ Allergy: Sulfa
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Blood Disease
- ☐ Cancer
- ☐ Diabetes
- ☐ Dizziness
- ☐ Epilepsy
- ☐ Excessive Bleeding
- ☐ Fainting
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV/Auto Immune
- ☐ Jaw Pain
- ☐ Kidney/Liver Disease
- ☐ Mental Disorders
- ☐ Pacemaker
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Stroke
- ☐ None Of The Above

List Other Allergies:

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