Denise Harburg-Johnson, D.D.S.Family & Cosmetic Dentistry

Tel: (201) 891-5888 • Fax: (201) 891-1099 / 851 Franklin Lakes Road, Franklin Lakes, NJ 07417

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Are you nursing?	Is there a possibilit	y you may be pregnant?					
Are you taking birth control pills?	Are you purging?	date?					
	Are you taking birth	n control pills?					

Are you in good health? Height Weight Have there been any changes to your general health in the past year? Are you under the care of a physician? Date of last visit: If so, for what are you being treated? Have you had any illness, operation or been hospitalized in the past five years?	
Do you have unhealed injuries or inflamed areas in or around your mouth, growth or sore spots in your mouth?	

	HAVE YOU HAD OR DO YOU CURRENTLY HAVE	YES	NO	NOTES		HAVE YOU HAD OR DO YOU CURRENTLY HAVE	YES	NO	NOTES
1	Rheumatic fever?				27	Stroke?			
2	Damaged heart valves/ mitral valve prolapse?				28	Thyroid trouble?			
3	Heart murmur?				29	Diabetes?			
4	High blood pressure?				30	Low blood sugar?			
5	Low blood pressure?				31	Kidney trouble?			
6	Chest pain, angina?				32	Are you on dialysis?			
7	Heart attack(s)?				33	Swollen ankles, arthritis or ioint disease?			
8	Irregular heart beat?				34	Stomach ulcers?			
9	Cardiac pacemaker?				35	Contagious diseases?			
10	Heart surgery?				36	Sexually transmitted diseases?			
11	Bronchitis, chronic cough?				37	AIDS or HIV infection?			
12	Asthma				38	Problems of the Immune system?			
13	Hayfever/Sinus problems?				39	A tumor or growth?			
14	Tuberculosis?				40	Mental health problems?			
15	Emphysema?				41	Removable dental appliances?			
16	Difficulty breathing?				42	Are you on a diet?			
17	Any other lung trouble?				43	Drugs?			
18	Do you smoke?				44	Alcohol beverages?			
19	Blood disorder such as anemia?				45	Contact lenses?			
20	Bruise easily?				46	Eye disease/glaucoma?			
21	Bleeding tendency (abnormal bleed?)				47	X-ray treatment/chemotherapy?			
22	Jaundice, hepatitis or liver disease?				48	Blood transfusion?			
23	Infection mononucleosis?				49	Pain & clicking of jaws when eating?			
24	Gallbladder trouble?				50	Malignant Hyperthermia?			
25	Fainting spells?				51	Knee or hip replacement?			
26	Convulsions, epilepsy?				52	Any other orthropedic implants?			

CONSENT

The undersigned hereby authorizes the Doctor to take X-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I understand that my dental insurance is a contract between me and the insurance carrier, and not between the insurance carrier and the Doctor and that I am still fully responsible for all dental fees. These fees are due and payable at the time services are rendered unless prior financial arrangements have been made. I also assign all insurance benefits to the Doctor. Any payments received by the Doctor from my insurance coverage will be credited to my accounts, or refunded to me if I have paid the dental fees incurred. I further understand that a late charge will be added to any overdue balance.

Patient Signature (parent of child):	Date:
Dentist Signature:	

Denise Harburg-Johnson, D.D.S

851 Franklin Lakes Road Franklin Lakes, NJ 07417 201-891-5888

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

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{\$	Signature}	
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	Other (Please Specify)	
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