

WELCOME

3143 State Road
La Crosse, WI 54601
608-788-0030



601 McHugh Road
Holmen, WI 54636
608-526-9300

www.rivertowndentalonline.com

Dental Registration & History (Please Print) (ALL INFORMATION IS CONFIDENTIAL)

Date _____ Home Ph. (____) _____ Cell Ph. (____) _____

PATIENT INFORMATION

Name _____ Soc. Sec. # _____
Last Name First Name Middle Initial

Address _____ E-mail _____

City _____ State _____ Zip _____

Sex M F Age _____ Birthdate _____
 Married Widowed Single Minor
 Separated Divorced Partnered

Patient Employer/School _____ Occupation _____

Employer/School Address _____ Employer/School Phone (____) _____

Whom may we thank for referring you? _____

DENTAL HEALTH HISTORY

Reason for Today's Visit _____ Date of last dental care _____

Former Dentist _____ Date of last dental X-rays _____

Address _____

Check (✓) if you have had problems with any of the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Sensitivity to hot |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Loose teeth or broken fillings | <input type="checkbox"/> Sensitivity to sweets |
| <input type="checkbox"/> Clicking or popping jaw | <input type="checkbox"/> Periodontal treatment | <input type="checkbox"/> Sensitivity when biting |
| <input type="checkbox"/> Food collection between teeth | <input type="checkbox"/> Sensitivity to cold | <input type="checkbox"/> Sores or growths in your mouth |

How often do you floss? _____ How often do you brush? _____

Do you or any family members have any history of Gum disease? Yes No

Do you or any family members have any history of dentures? Yes No

IN CASE OF EMERGENCY

Whom should we contact? _____

Relation _____

Home Phone #: (____) _____

Work Phone #: (____) _____ Ext.: _____

Cell Phone #: (____) _____

Who is your Medical Doctor? _____

Medical Doctor's Phone #: (____) _____

ACCOUNT INFORMATION

Person ultimately responsible for account

Name: _____

Relation: _____

Billing Address: _____

_____ City State Zip

Home Phone #: (____) _____

Cell Phone #: (____) _____

PLEASE CONTINUE ON BACK