

Port Pediatric Dentistry, PC
Suzanne Port DDS, MS
291 W. Lakewood Blvd Holland, MI 49424
Phone: 616-392-1100

Medical History and Personal

Patient's Full Name _____

Does your child see a medical doctor for any medical problems such as Asthma, Autism, ADHD, etc. PLEASE LIST: _____

Does your child require antibiotic premedication prior to dental treatment? Y N
Medical Allergies and Allergies to Medications. PLEASE LIST: _____

Current Medications (including over the counter medications). PLEASE LIST : _____

Were there any hospitalizations or serious injury since last appointment? Y N
If yes what occurred and when _____

Current Physician: _____

Has your child seen an orthodontist since last visit to our office? Y N
If yes, is there a start date for orthodontic treatment? Y N

When: _____ Name of orthodontist: _____

Current Dental Insurance:

Primary: _____ Secondary: _____

Preferred email: _____

****account statements are sent via email****

Preferred phone #: _____ Home Cell

Change of Address since last visit? Y N If yes: _____

*Note: Our cancellation policy is 48 hour notice.

Signature of Parent/Guardian _____ Date: _____

Office Use Only: Insurance Verified: _____