

KEYSTONE PEDIATRIC DENTISTRY

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NOTICE TO PARENT AND/OR GUARDIAN

As a part of our continued efforts to better serve you, we now require this brief update to be completed in full every six months. We greatly appreciate your understanding and cooperation!

MEDICAL HISTORY UPDATE

CHILD'S NAME: _____

Today's Date: _____ Date of Last Physician's Exam: _____

Has there been any change in patient's health since last dental appointment? _____

If "Yes," please describe: _____

Is patient taking any new medications? _____ If so, please list: _____

Has there been any injury to the teeth, head or neck since your last visit? _____

If "Yes," please describe: _____

Is there any condition or problem you wish to bring to the dentist's attention? _____

If "Yes," please describe: _____

Do we have your permission to provide a fluoride treatment for your child today? _____

Do we have your permission to take X-rays today, if the Doctor feels the need? _____

PARENT/GUARDIAN INFORMATION

Name of responsible party accompanying child today: _____

Parent/Guardian's Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

PLEASE UPDATE THE FOLLOWING INFORMATION:

Current E-mail address (*To which we have permission to send you reminders and messages*): _____

Current Insurance Carrier: _____

Employer Carrying insurance: _____

Parent/Guardian Signature: _____ Date: _____