

**KEYSTONE PEDIATRIC DENTISTRY**  
**Sally Z. Lauterjung D.D.S Inc.**  
**3591 Reserve Commons Dr. Suite 200**  
**Medina Ohio 44256**  
**(330)-723-7566**

**NOTICE TO PARENT AND/OR GUARDIAN**

As part of our continued efforts to better serve you, we require this brief update to be completed in full every 6 months. We greatly appreciate your understanding and cooperation!

**MEDICAL HISTORY UPDATE**

Today's Date \_\_\_\_\_ Childs Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Last Physical / Pediatrician Exam: \_\_\_\_\_

Has there been any changes in the patient's health since last dental appointment? **Y** or **N**

If "yes" describe \_\_\_\_\_

Has there recently been any significant changes and /or disruptions to your child's family, home or school routines? **Y** or **N**

If "Yes" please describe: \_\_\_\_\_

Is your child taking any new medications? **Y** or **N**

If "yes" please List: \_\_\_\_\_

Has there been any injury to the teeth, head or neck since the last visit? **Y** or **N**

If "Yes", Please describe: \_\_\_\_\_

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

If "Yes", Please describe \_\_\_\_\_

Has your child been seen by another dentist or dental professional since the last visit? **Y** or **N**

Reason: \_\_\_\_\_

**PLEASE KNOW YOUR INSURANCE PLAN. WE CANNOT GUARANTEE PAYMENT BY YOUR INSURANCE CARRIER**

**We recommend a fluoride treatment with each cleaning**

**Do we have permission to provide a fluoride treatment for your child today? **Y** or **N****

**We recommend periodic evaluation of teeth with x-rays**

**Do we have permission to take x-rays today, if the doctor feels the need? **Y** or **N****

**PARENT GUARDIAN INFORMATION**

Name of responsible party accompanying child today: \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current E-Mail Address \_\_\_\_\_

Current Dental Insurance Carrier: \_\_\_\_\_ Employer Carrying Insurance: \_\_\_\_\_

**Responsible Party's signature: \_\_\_\_\_ Date: \_\_\_\_\_**