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Dayton, Ohio 45458
O: 937-435-1485 **F**: 937-435-1660

IN CASE OF EMERGENCY, PLEASE CONTACT

Name_____ Relationship_____

Home _____ Work _____ Mobile_____

I understand the previous information in necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed, you have my permission to ask the respective healthcare provider or agency, who may release such information to you. I will notify the doctor of any change in my health or medication.

PLEASE PROVIDE A LIST OF MEDICATIONS WITH DOSAGE AND FREQUENCY

Patient/Guardian Signature_____ Date_____

Provider Signature _____ Date_____