



Patient History Update

Patient Name: _____

Please help us make your visit today exceptional by updating the following information.

Address: _____ Home telephone # (____) _____
_____ Work telephone # (____) _____
_____ Mobile telephone # (____) _____

Employer: _____

What is your current email address?: _____

Have you had any changes in your medical condition?

- Heart condition
- High blood pressure
- Pacemaker
- Asthma
- Latex sensitivity
- Radiation/chemotherapy
- Diabetes
- Other conditions:

To save check out time, would you like to be a member of our VIP Express Check Out Program?
If so, list your card number, expiration date, security code, and billing ZIP code and we will
place it on file for you.

Do you have any questions concerning any treatment we have recommended or completed
for you?

What can we do to make your visit today exceptional?

Hygiene Visits Only: Do you have a specific dental concern today or anything you need
Dr. Durham to check for you?
