

# Natural Dental Services

## Patient Information

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First Name	Last Name	MI	Preferred Name	SSN	DOB
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Gender	Married, Single, Child, Other	Guardian Name	Contact Number for Guardian
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Address	City	State	Zip Code
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Telephone Number	Work Number	Cell Phone	Email Address
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How Did You Hear About Us?

## Responsible Party Information

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First Name	Last Name	Relationship to Patient	Phone Number
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Mailing Address	City	State	Zip Code
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## Primary Dental Insurance Information

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Name of Policy Holder (First, Last)	Policy Holder's Date of Birth	Member ID or SSN
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Group Number	Policy Holders Employer	Policy Holder's Employers Telephone Number
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Insurance Company	Telephone Number
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Insurance Company's Claims Address	City	State	Zip Code
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## Medical/Dental Health History

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Please list Allergies:

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Adverse reactions to:

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Please list artificial joints, replacement surgeries, pacemaker, Mitral Valve Prolapse, or Heart Murmur:

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**Medical/Dental Health History Continued**  
**Please circle the following as they pertain to your health/ dental history**

Anemia, Arthritis, Artificial Joints, Asthma, Blood disease/disorder, Cancer, Diabetes, Dizziness, Epilepsy, Fainting,  
Glaucoma, Hay Fever, Head Injuries, Heart Disease, Heart Murmur, Heart Attack, HIV/AIDS, Hepatitis,  
High Blood Pressure, Jaundice, Kidney Disease, Liver Disease, Mental Disorders, Nervous Disorders, Pacemaker,  
Pregnant, Radiation Treatment, Respiratory trouble, Rheumatic Fever, Rheumatism, Sinus Problems, Stroke,  
Tuberculosis, Tumors, Ulcers, Venereal Disease, Codeine Allergy, Sulfa Allergy, Penicillin Allergy, Taking Blood Thinners

Please List all Medications you are currently taking:

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To the best of my knowledge, all of the information in the preceding answers is true and correct. If I ever have a change in my health, I will inform the doctor and staff at my next appointment.

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Signature

Date

**Appointment Policy**

Dr. Keanna is committed to providing quality dental care for his patients. We realize the importance of your time and do everything possible to keep you from waiting. We also ask that you to value the time of Dr. Keanna and his team. Appointment reminder calls are only a courtesy. Our office requires that if you need to cancel or reschedule an appointment, that you kindly give us two business days notice for appointments one hour long. If you have to cancel or reschedule a long or surgical appointment we will require 5 business days notice. When cancelling on our message machine or with our answering service, messages left over the weekend cancelling for a Monday are not acceptable. Please note that the office hours are 8AM-4PM Monday-Thursday, these are acceptable times to reach us regarding your appointment. The fees for failed appointments are as follows: Appointments scheduled with Dr. Keanna are 10% of the total cost of the appointment. Hygiene Appointments improperly rescheduled or cancelled without the proper notice will result in a 50.00 non-refundable pre-payment required for next hygiene appointment.

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Signature

Date

**Consent to Services**

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred with their care. Financial responsibility on the part of each patient must be determined before treatment. All emergency dental services performed with out previous financial arrangements must be paid in full at the time of service. A service charge of 1% per month will be charged on all accounts exceeding 60 days, unless previously written financial arrangements have been satisfied. I understand that any fee estimate for dental care can only be extended for 6 months from the date of patient examination. All estimates regarding dental insurances are just an estimate and never a guaranty of what insurance will cover. By signing this you agree to the content herein.

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Signature

Date