

Dental History

Why have you come to the dentist today? _____
Are you currently in pain? Yes _____ No _____
Have you ever had a problem with any previous dental work? Yes _____ No _____
Do you ever have pain or discomfort in your jaw joints? Yes _____ No _____
My current dental health is Good _____ Fair _____ Poor _____
Do you like your smile? Yes _____ No _____
Do your gums ever bleed? Yes _____ No _____
How many times a day do you floss? _____
How many times a day do you brush? _____
What type of bristles? Hard _____ Medium _____ Soft _____
What is the date of your last dental appointment? _____

Financial Agreement

I understand that I am responsible for all charges incurred within fifteen (15) days of request for payment by Dr. Lucas Marrs. The undersigned is aware and agrees that all past due amounts shall be charged 1.75% percent interest per month on the unpaid balance commencing thirty (30) days after billing. The undersigned accepts full responsibility and agrees to notify this office within 10 days of any change of address. The undersigned assumes and agrees to pay for all collection agency fees paid or incurred by us. Collection agency fees can be up to an additional 50% percent of the amount turned over for collection. In the course of collection of the amount due, and attorney may be engaged by this office or by the collection agency to help with the collection. The undersigned agrees to pay reasonable attorney fees, court costs, and other costs paid or incurred by this office or our collection agency while collecting the amount due.

Patient Signature _____ Date _____

Signature of Responsible Party _____ Date _____

Thank you for filling out this form completely. It will enable us to help you more efficiently. If you have any questions, please feel free to ask us!
We are happy to help you in any way!