The Good Dentists Group

ABN 98 615 686 514

MR / MRS / MS / MASTER / MISS Name: ____
(FIRST NAME) (LAST NAME)

Address: ____

____ Occupation ____________________
(SUBURB) (POSTCODE)

D.O.B.: ______ / ______ / ______ Contact # (for recall/appt reminders): ____________ / ____________
(HOME) **(MOBILE)**

E-Mail: ____________________ Next of Kin: ____________________________
(NAME) (RELATIONSHIP) (CONTACT #)

Private Dental Insurance Fund; ____
(NAME)

Card # : ____________________________ Ref # : ____________
(EG. 01 AS SHOWN ON CARD)

Medicare #: ____________________________ Ref # : ____________

CURRENT MEDICATIONS: ____

ALLERGIES ____

MEDICAL CONDITIONS KNOWN: Heart Disorder/ Valve Artificial Hip / Knee Aids/Hepatitis B/C

Hypersensitivity Rheumatic Fever Cancer / Radiology Pregnant Diabetes

Osteoporosis Kidney / Liver Damage Asthma Epilepsy Blood Disorder

Osteoarthritis **Other** ____

Please tick box where appropriate:

- I do not smoke ☐
- I would like whiter, straighter & /or healthier teeth/gums ☐
- I wake up with headaches or grinding my teeth ☐
- I have clicking or pain in the jaw joint ☐
- I have a family member who has had gum disease ☐
- I have had a check-up, scale and clean within the last 3 months ☐
- My snoring affects mine and/or someone else's quality of sleep ☐
- I would not like to receive Member Offers/Updates via E-Newsletter (1-4 /yr) ☐

Doctors Name (GP): ____________________________ Contact #: ____________________

How Did You Hear About Us: ____

What are your main dental goals? ____

I declare that I have completed this form to the best of my knowledge and understand that failure to present accurate and correct information may put me at medical risk. I acknowledge that payment is due in full at the time of my appointment unless otherwise agreed. 24-hour notice is required to cancel appointments else failure to attend without this notice will incur a $30 fee.

SIGN HERE : ____________________________ **DATE:** ______ / ______ / ______

DENTIST SIGNATURE : ____________________________

Unit 5, 63 Stud Rd, Bayswater VIC 3153 **Phone/Fax**: (03) 9729 0868 **E-Mail**: reception@thegooddentists.com.au

Did you know that you can book online any time? Visit www.thegooddentists.com.au. - "Because nobody wants an average dentist."