## Welcome to

## MarrFamilyDentistry Kevin Marr D.D.S. Kami Marr D.D.S.

		Age Birt	hdate	SS#	
Patient's Name: Home Phone	Cell	Work			
Residence Address		City		Zip	
Billing Address		City	ST	Zip	
Occupation	Employer	City	Address		
Spouse's or, if Minor, I	Parent's Name				
Reconcible Party's Ad	Idraes				
Responsible Party's Ac	uicss	<b>TX</b>	Varls	Call	
Responsible Party's Ho	one of Employment	vv	OIK		
Responsible Party's Pla	ace of Employment_		ID /	1	
Insurance Company			ID#	<u> </u>	
Policy Holder Policy Holder's Birth	1 .		Social Security	#	
Policy Holder's Birth	idate	Employ	er's Address		
	Confide	ential Medi	cal History		
. Regular Physician's Na	ame				
. Have you been under to If yes, for wh	the care of a medical at?	doctor during t	he past five years?		Yes / No
	en hospitalized in the				Yes / No
If yes, for wh . Are you taking any me	dication, drugs or pill	s now? (Include	e over-the-counter, vit	tamins, etc.)	Yes / No
	a liet name and dead	ue.			
If yes, please	e list name and dosa	ge			
4. Are you allergic to any	thing? (Medications,	Metals, or other	r substances)		Yes / No
4. Are you allergic to any	thing? (Medications,	Metals, or other			Yes / No
I. Are you allergic to any	thing? (Medications, e list:	Metals, or other	r substances)		Yes / No
. Are you allergic to any If yes, please	thing? (Medications, e list: wing you have had, or	Metals, or other	r substances) Circle "yes" or "no" to ea	ach item	Yes / No
. Are you allergic to any If yes, please Indicate which of the follo	thing? (Medications, e list:wing you have had, or essure	Metals, or other have at present. (	r substances)  Circle "yes" or "no" to ea	ach item	Yes / No
. Are you allergic to any If yes, please.  Indicate which of the follo  High Blood Pr  Heart surgery.	thing? (Medications, e list:wing you have had, or essure, disease, attack	Metals, or other have at present. ( Yes / No Yes / No	r substances)  Circle "yes" or "no" to ea  Cancer / Tumors  Cancer /Radiation 1	ach item	Yes / No Yes / No Yes / No
. Are you allergic to any If yes, please.  Indicate which of the follo  High Blood Pr  Heart surgery,  Congenital He	thing? (Medications, e list:wing you have had, or essure, disease, attack	Metals, or other have at present. ( Yes / No Yes / No Yes / No	r substances)  Circle "yes" or "no" to ea  Cancer / Tumors  Cancer /Radiation To	ach item  Therapy	Yes / No Yes / No Yes / No Yes / No
. Are you allergic to any If yes, please.  Indicate which of the follo High Blood Pr Heart surgery. Congenital He Heart Murmur	thing? (Medications, e list:wing you have had, or essure, disease, attack	have at present. ( Yes / No	Circle "yes" or "no" to ea Cancer / Tumors Cancer /Radiation Tocancer / Chemothe Alcoholism	ach item  Therapy	Yes / No
. Are you allergic to any If yes, please Indicate which of the follood Property Congenital Heart Murmur Artificial Heart	thing? (Medications, e list:wing you have had, or essure, disease, attack	have at present. ( Yes / No	Circle "yes" or "no" to ea Cancer / Tumors Cancer /Radiation T Cancer / Chemothe Alcoholism Hepatitis, if yes, wh	ach item  Therapy erapy	Yes / No Yes/No Yes / No
. Are you allergic to any If yes, please.  Indicate which of the follo High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema	thing? (Medications, e list:wing you have had, or essure, disease, attackeart defects	Metals, or other have at present. ( Yes / No	Circle "yes" or "no" to ea Cancer / Tumors Cancer /Radiation T Cancer / Chemothe Alcoholism Hepatitis, if yes, wh Venereal Disease	ach item  Therapy erapy ich type	Yes / No
. Are you allergic to any If yes, please Indicate which of the follood Properties and Congenital Heart Murmur Artificial Heart Heart Pacema Arthritis	thing? (Medications, e list:wing you have had, or essure, disease, attackeart defects	have at present. ( Yes / No	Circle "yes" or "no" to ea Cancer / Tumors Cancer /Radiation Touris Cancer / Chemothe Alcoholism Hepatitis, if yes, wh Venereal Disease AIDS	ach item  Therapy  Prapy  ich type	Yes / No
. Are you allergic to any If yes, please.  Indicate which of the follo High Blood Pr Heart surgery. Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke	thing? (Medications, e list: wing you have had, or essure, disease, attack	Metals, or other  Yes / No	Circle "yes" or "no" to ea Cancer / Tumors Cancer /Radiation 1 Cancer / Chemothe Alcoholism Hepatitis, if yes, wh Venereal Disease AIDS HIV Positive	ach item  Therapy erapy ich type	Yes / No
. Are you allergic to any If yes, please Indicate which of the follo  High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to ea Cancer / Tumors Cancer /Radiation Tour Cancer / Chemothe Alcoholism Hepatitis, if yes, wh Venereal Disease AIDS HIV Positive Blood Transfusion	ach item  Therapy erapy ich type	Yes / No
Indicate which of the follo  High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each of the Cancer / Tumors Cancer / Radiation To Cancer / Chemothe Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia	ach item  Therapy erapy ich type	Yes / No
Indicate which of the follo  High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Kidney trouble	thing? (Medications, e list:	have at present. ( Yes / No	Circle "yes" or "no" to ear  Cancer / Tumors  Cancer / Radiation To  Cancer / Chemothe  Alcoholism  Hepatitis, if yes, wh  Venereal Disease  AIDS  HIV Positive  Blood Transfusion  Hemophilia  Cold Sores	ach item  Therapy erapy ich type	Yes / No
Indicate which of the folloon High Blood Properties Heart surgery Congenital Heart Murmur Artificial Heart Heart Pacema Arthritis	thing? (Medications, e list:	Metals, or other have at present. ( Yes / No	Circle "yes" or "no" to ear  Cancer / Tumors  Cancer / Radiation To  Cancer / Chemothe  Alcoholism  Hepatitis, if yes, wh  Venereal Disease  AIDS  HIV Positive  Blood Transfusion  Hemophilia  Cold Sores  Liver Disease	ach item  Therapy erapy ich type	Yes / No
Indicate which of the folloon High Blood Properties Heart Surgery Congenital Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Sidney trouble Anemia Organ Transp	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each cancer / Tumors Cancer / Radiation To Cancer / Chemothe Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord	ach item  Therapy ich type  Ilers	Yes / No
Are you allergic to any If yes, please Indicate which of the folloo High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Kidney trouble Anemia Organ Transp Ulcers	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each cancer / Tumors Cancer / Radiation To Cancer / Chemothe Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord Psychiatric Care	ach item  Therapy ich type  Ilers	Yes / No
Indicate which of the follo  High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Kidney trouble Anemia Organ Transp Ulcers Diabetes	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each cancer / Tumors Cancer / Radiation To Cancer / Chemothe Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord Psychiatric Care Epilepsy / Seizures	ach item  Therapy ich type  Ilers	Yes / No
Indicate which of the follo  High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Lidney trouble Anemia Organ Transp Ulcers Diabetes Emphysema.	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each cancer / Tumors Cancer / Radiation To Cancer / Chemothe Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord Psychiatric Care Epilepsy / Seizures Fainting/ Dizzy spel	ach item  Therapy erapy ich type lers	Yes / No
. Are you allergic to any If yes, please.  Indicate which of the follo  High Blood Pr Heart surgery. Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Kidney trouble Anemia Organ Transp Ulcers Diabetes Emphysema Tuberculosis	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each cancer / Tumors Cancer / Radiation To Cancer / Chemother Alcoholism Hepatitis, if yes, who venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord Psychiatric Care Epilepsy / Seizures Fainting/ Dizzy spell Drug Addiction	ach item  Therapy ich type  Ilers	Yes / No
If yes, please Indicate which of the follo High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Kidney trouble Anemia Organ Transp Ulcers Diabetes Emphysema Tuberculosis	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each Cancer / Tumors Cancer / Radiation To Cancer / Chemother Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord Psychiatric Care Epilepsy / Seizures Fainting/ Dizzy spell Drug Addiction Latex Sensitivity	ach item  Therapy erapy ich type lers	Yes / No
If yes, please Indicate which of the follo High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Kidney trouble Anemia Organ Transp Ulcers Diabetes Emphysema Tuberculosis Asthma If you have a disease,	thing? (Medications, e list:	Metals, or other  Yes / No	Circle "yes" or "no" to each Cancer / Tumors Cancer / Radiation To Cancer / Chemother Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord Psychiatric Care Epilepsy / Seizures Fainting/ Dizzy spell Drug Addiction Latex Sensitivity	ach item  Therapy erapy ich type lers	Yes / No
If yes, please Indicate which of the follo High Blood Pr Heart surgery Congenital He Heart Murmur Artificial Heart Heart Pacema Arthritis Stroke Artificial Joints Dialysis Kidney trouble Anemia Organ Transp Ulcers Diabetes Emphysema Tuberculosis Asthma	thing? (Medications, e list:	Metals, or other  Yes / No Yes	Circle "yes" or "no" to each cancer / Tumors Cancer / Radiation To Cancer / Chemothe Alcoholism Hepatitis, if yes, who Venereal Disease AIDS HIV Positive Blood Transfusion Hemophilia Cold Sores Liver Disease Neurological Disord Psychiatric Care Epilepsy / Seizures Fainting/ Dizzy spel Drug Addiction Latex Sensitivity Labove, please list.	ach item  Therapy erapy ich type lers	Yes / No