C. Clayton Walker III, D.D.S.

– Family Dentistry –

4405 Junction Park Drive
Wilmington, North Carolina 28412
(910) 350-6944

Patient's Name: _____ Date: _____

If a Child,
Parent's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H): _____ (W): _____ (C): _____

Social Security Number: _____

Person Responsible for Payment: _____ Relationship: _____

Reason for Visit: _____

Do you have now, or have you ever had, any of the following conditions?

	YES	NO		YES	NO
ANEMIA	[ ]	[ ]	HEART MURMUR	[ ]	[ ]
DIABETES	[ ]	[ ]	RHEUMATIC FEVER	[ ]	[ ]
HEPATITIS	[ ]	[ ]	MITRAL VALVE PROLAPSE	[ ]	[ ]
ALLERGIES	[ ]	[ ]	HIGH BLOOD PRESSURE	[ ]	[ ]
UNUSUAL BLEEDING	[ ]	[ ]	HIV, ARC, AIDS	[ ]	[ ]
ARE YOU PREGNANT?	[ ]	[ ]			

Please list all medications and the amount you are now taking: _____

_____

_____

_____

_____

_____

Is there anything about your health that we should know? _____

_____

_____

Name of Physician: _____

Physician's Telephone Number: _____

Payment for Emergency Services expected at time service is rendered unless other arrangements have been made.

DATE	PROFESSIONAL SERVICES	FEE	CREDIT	BALANCE