PATIENT REGISTRATION

ID:	Chart ID:				
First Name:		Last Name:			Middle Initial:
Patient Is: Policy Holder	Responsible Party	Preferred Name:			
Responsible Party (if so	meone other than the patient) -				
First Name:		Last Name:			Middle Initial:
Address:		Address 2:			
City, State, Zip:					Pager:
Home Phone:	Work Phone:			Ext:	Cellular:
Birth Date:	Soc Sec:			Drivers Lic:	
Responsible Party is also a F	Policy Holder for Patient	Primary Insurance Policy	Holder	Secondary	Insurance Policy Holder
Patient Information —					
Address:		Address 2:			
City:		State / Zip:			Pager:
Home Phone:	Work Phone:			Ext:	Cellular:
Sex: Male	Female	Marital Status: Married	d Single	Divorced Sepa	rated Widowed
Birth Date:	Age:	Soc Sec:		Drivers Lic:	
E-mail:		I would	like to receive	correspondences via e-mail.	
Employment Full Tim Status: Full Tim		Retired		Referred Previous De Emergency Cor	ntist
Medicaid ID:	Pref. Der	ntist:		Emergency Conta	ect#
Employer ID:	Pref. Pharm				
Carrier ID:	Pref. I	lyg:			
Primary Insurance Inform	ation —				
Name of Insured:		Re	lationship to Ins	ured: Self Spouse	Child Other
Insured Soc. Sec:		Insured Birth Date:			
Employer:			Ins. Compar	ny:	
Address:		*	Addre	SS:	
Address 2:			Address	2:	
City, State, Zip:			City, State, Z	ip:	
Rem. Benefits:	Rem	. Deduct:			
Secondary Insurance Info	rmation —				
Name of Insured:		Rei	ationship to Ins	ured: Self Spouse	Child Other
Insured Soc. Sec:		Insured Birth Date:			
Employer:			Ins. Compar	ny:	
Address:			Addre	SS:	
Address 2:			Address	2:	
City, State, Zip:			City, State, Z	ip:	
Rem. Benefits:	Rem	. Deduct:			

Neil N. Hadaegh, D.D.S. Eaglesoft Medical History

Patient Name:

Birth Date:

Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Pregnant/Trying to get pregnant? Nursing?												
operation? Hew you serve had a serious head or neck injury? Yes No If yes Do you take, or have you taken, Phen-Fen or Reduc? Yes No If yes Do you take, or have you taken, Phen-Fen or Reduc? Yes No If yes Are you or a special diet? Or you ser taken Fosamax, Bontva, Actinel or any other mediciations containing bisphosphonates? Are you on a special diet? Yes No Orwen: Are you Pregnant/Trying to get pregnant? Nursing? Aspirin Penicillin Aspirin Penicillin Atteimer's Disease Atteimer's Disease Yes No Diabetes Yes No Diabetes Yes No Diabetes Yes No Diabetes Yes No Atteimer's Disease Yes No Diabetes Yes No Diabetes Yes No Diabetes Yes No Anaphylans Yes No Easily Winded Yes No Eucessive Thirst Yes No Eucessive Thirst Yes No Frequent Courte Frequent Headaches Yes No Brough Frequent Courte Frequent Headaches Yes No Brough Frequent Courte Hey Frey Yes No Cornusions Yes No Frequent Courte Frequent Headaches Yes No Brough Frequent Courte Hey Frey Yes No Connected Heart Valve Yes No Brough Frequent Courte Yes No Centrer Yes No Glaucome Yes No Glaucome Yes No Frequent Courte Yes No Congental Heart Sorder Yes No Heart Trouble/Disease Yes No Cornusions Yes No Heart Murmur Yes No Congental Heart Sorder Yes No Heart Trouble/Disease Yes No Cornusions Yes No Heart Trouble/Disease Yes No Paychair Care Yes No Cornusions Yes No Heart Trouble/Disease Yes No Paychair Care Yes No Paychair Care Yes No Veneroal Disease Yes No Heart Trouble/Disease Yes No Paychair Care Yes No Veneroal Disease Yes No Heart Trouble/Disease Yes No Paychair Care Yes No Paychair Care Yes No Veneroal Disease Yes No Veneroal Disease Yes No Heart Trouble/Disease Yes No Paychair Care Yes No Veneroal Disease Yes No Veneroal Disease Yes No Heart Trouble/Disease Yes No Paychair Care Yes No Veneroal Disease Yes N	Are you under a physici	ian's care no	ow?	Yes	⊕ No	If yes						
Have you ever had a serious head or neck injury? Yes No If yes Do you taking any medications, pills, or drugs? Yes No If yes Do you take, or have you taken, Phen-Fier or Reduc? Yes No If yes Do you use taken Fosamax, Bonka, Actoricl or Yes No Do you use tobacco? Nomen: Are you on a special deto? Yes No Do you use tobacco? Nomen: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? Namen: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? Asprin Penicillin Codeline Acrylic Local Ansethetics Other?			Yes	⊙ No	If yes							
Do you take, or have you taken, Phen-Fen or Reduc? How you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a sepocal dier? Yes No Nomen: Are you Pregnant/Trying to get pregnant? Nursing? Nursing? I Taking oral contraceptives? If yes Nomen: Are you Pregnant/Trying to get pregnant? If yes Nomen: Are you Nomen: Are you Pregnant/Trying to get pregnant? If yes Nomen: Are you Nomen: Are you Pregnant/Trying to get pregnant? If yes Nomen: Are you Nomen: Are you Pregnant/Trying to get pregnant? Nomen: Are you If yes Nomen: Are you Nomen: Are you Pregnant/Trying to get pregnant? Nomen: Are you If yes Nomen: Are you If yes Nomen: Are you If yes Nomen: Are you If yes Nomen: Are you If yes Nomen:	GO B PROTO DATA CONTRACTOR AND CONTRACTOR OF			Yes	⊕ No	If yes						
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet? Do you use tribacco? Ves No Codeine Codeine Acrylic				Yes) No	If yes						
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet? Do you use tribacco? Ves No Codeine Codeine Acrylic				Yes	O No	If ves						
Are you on a special diet? Yes No Do you use tobacco? Yes No Nomen: Are you Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? Aspirin Metal Latex Sulfa Drugs Local Anesthetics Other? If yes Do you use controlled substances? Yes No Alzheimer's Disease Yes No Alzheimer's Disease Yes No Anaphilaris Yes No Angina Yes No Emptysema Yes No Angina Yes No Emptysema Yes No Arthritis/Gout Yes No Emptysema Yes No Blood Dransfusion Yes No Blood Dransfusion Yes No Blood Dransfusion Yes No Blood Dransfusion Yes No Brouse Frequent Leadaches Yes No Brouse Frequent Explant Prever Yes No Brouse Frequent Explant Prever Yes No Concorreint Prever	Have you ever taken Fosamax, Boniva, Actonel or					-						
Norman: Are you Pregnant/Trying to get pregnant? Nursing? Penicillin Acrylic Acrylic Local Anesthetics Other? If yes Oyou have, or have you had, any of the following? Albeimer's Disease Ves No Cortisone Medicine Yes No Hepatitis A Yes No Hepatitis B or C Yes No Recort Weight Loss Recort Weight			ispriosprioriates:	(Yes	∩ No							
Pregnant/Trying to get pregnant?												
Pregnant/Trying to get pregnant? Nursing?	bo you use whacco:			o res	NO							
Asprin Penicillin Codeine Adrylic Local Anesthetics	THE PROPERTY OF STREET, STREET	jet pregnant	1?	Nursing	g?			□Tal	king o	ral contraceptives?		
Asprin Penicillin Codeine Adrylic Local Anesthetics	re you allergic to any of t	the following	12									
Other? If yes		-					Codeine			Acrylic		
Do you use controlled substances? Yes No If yes Or you have, or have you had, any of the following? AIDS/HIV Positive Yes No Cortisone Medicine Yes No Hepatitis A Yes No Recent Weight Loss Anaphylaxis Yes No Drug Addiction Yes No Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C Yes No Recent Weight Loss No Recent Weight Loss No Recent Weight Loss No Recent Weigh	Metal		Latex				Sulfa Drugs					
Do you use controlled substances? Yes No If yes Or you have, or have you had, any of the following? AIDS/HIV Positive Yes No Cortisone Medicine Yes No Hepatitis A Yes No Recent Weight Loss Anaphylaxis Yes No Drug Addiction Yes No Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C Hepatitis B or C Hepatitis B or C Yes No Recent Weight Loss Hepatitis B or C He	Other?					If ves						
AlDS/HIV Positive Yes No Cortisone Medicine Yes No Hemophillia Yes No Radiation Treatments Alzheimer's Disease Yes No Diabetes Yes No Hepatitis A Yes No Recent Weight Loss Anaphylaxis Yes No Drug Addiction Yes No Hepatitis B or C Yes No Recal Dialysis Anemia Yes No Easily Winded Yes No High Blood Pressure High Blood Pressure Yes No Arthritis/Gout Yes No Excessive Bleeding Yes No Hithes or Rash Yes No Scarlet Fever Artificial Joint Yes No Excessive Bleeding Yes No Hithes or Rash Yes No Sickle Cell Disease Yes No Hood Diabetes Yes No Hithes or Rash Yes No Sinus Trouble Blood Disease Yes No Frequent Cough Yes No Frequent Headaches Yes No Genital Herpes Yes No Genital Herpes Yes No Genital Herpes Yes No Congenital Heart Disorder Yes No Hay Fever Yes No Hay Fever No Congenital Heart Disorder Yes No Heart Attack/Failure Yes No Parathyroid Disease Yes No Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Parathyroid Disease Yes No Parathyroid Disease Yes No Venoreal Disease Yes No Disease Yes No Heart Trouble/Disease Yes No Parathyroid Disease Yes No Venoreal Disease Yes No Disease Ye		ubstances?		€ Yes	Mo							
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Alzheimer's Disease Yes No Diabetes Yes No Hepatitis A Yes No Recent Weight Loss Anaphylaxis Yes No Drug Addiction Yes No Hepatitis B or C Yes No Recent Weight Loss Renal Dialysis Anemia Yes No Easily Winded Yes No High Blood Pressure Yes No Arthritis/Gout Yes No Epilepsy or Seizures Yes No High Blood Pressure Yes No Arthritis/Gout Yes No Excessive Bleeding Yes No Arthritis/Gout Yes No Excessive Bleeding Yes No Arthritis/Gout Yes No Excessive Bleeding Yes No Hypoglycemia Yes No Sickle Cell Disease Asthma Yes No Frequent Cough Yes No Hypoglycemia Yes No Spina Bifida Slood Disease Yes No Frequent Cough Yes No Bruise Easily Yes No Genital Herpes Yes No Genital Herpes Yes No Cancer Yes No Glaucoma Yes No Hay Fever No Hay Fever Yes No Heart Attack/Failure Yes No Congenital Heart Disorder Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Diff yes No Liver Disease Yes No Disease Yes No Convulsions Yes No Heart Trouble/Disease Yes No Diff yes Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Diff yes Yes No Welling Of Disease Yes No Heart Trouble/Disease Yes No Diff yes Yes No Welling Of Disease Yes No Heart Trouble/Disease Yes No Diff yes Yes No Welling Of Disease Yes No Welling Of Disease Yes No Welling Of Disease Yes No Diff yes Yes No Diff yes Yes No Diff yes Yes No Welling Of Disease Yes No W	o you have, or have you	had, any of	the following?				7			i i		
Anaphylaxis	AIDS/HIV Positive	Yes 🦳	No Cortisone N	1edicine	Yes	⊕ No	Hemophilia	Yes	No	Radiation Treatments	Yes	No
Anemia Yes No Easily Winded Yes No Herpes Yes No Rheumatic Fever Angina Yes No Emphysema Yes No Herpes Yes No Rheumatic Fever Methods of the Property of Scarlet Fever Artificial Joint Yes No Excessive Bleeding Yes No Excessive Bleeding Yes No High Cholesterol Yes No Scarlet Fever Artificial Joint Yes No Excessive Bleeding Yes No High Cholesterol Yes No Scarlet Fever Artificial Joint Yes No Excessive Bleeding Yes No High Cholesterol Yes No Scarlet Fever Artificial Joint Yes No Excessive Bleeding Yes No Hives or Rash Yes No Singles Artificial Joint Yes No Fanting Spells/Dizziness Yes No Hives or Rash Yes No Singles Artificial Joint Yes No Frequent Cough Yes No Hives or Rash Yes No Singles Artificial Joint Yes No Frequent Cough Yes No Hives or Rash Yes No Singles Artificial Joint Yes No Frequent Cough Yes No Hives or Rash Yes No Singles Artificial Joint Yes No Frequent Cough Yes No Hives or Rash Yes No Singles Artificial Joint Yes No Frequent Cough Yes No Hives or Rash Yes No Singles Artificial Joint Yes No Singles Artificial Disease Y	Alzheimer's Disease	Yes	No Diabetes		Yes	○ No	Hepatitis A	Yes (No	Recent Weight Loss	Yes	No
Angina Yes No Arthritis/Gout Yes No Emphysema Yes No Arthritis/Gout Yes No Epilepsy or Seizures Yes No Arthritis/Gout Yes No Epilepsy or Seizures Yes No High Blood Pressure Yes No Scarlet Fever Hives or Rash Yes No Shingles Hives or Rash Yes No Shingles Yes No Shingles Hives or Rash Yes No Hives or Rash Yes No Shingles Hives or Rash Yes No Hives or Rash Yes No Shingles Hives or Rash Yes No Shingles Yes No Shingles Hives or Rash Yes No Hives or Rash Yes No Shingles Hives or Rash Yes No Shingles Yes No Shingles Hives or Rash Yes No Hives or Rash Yes No Shingles Ye	Anaphylaxis	Yes	No Drug Addict	tion	Yes	No	Hepatitis B or C	Yes	No	Renal Dialysis	Yes	No
Arthritis/Gout Yes No Epilepsy or Seizures Yes No High Cholesterol Yes No Scarlet Fever Artificial Heart Valve Yes No Excessive Bleeding Yes No High Cholesterol Yes No Scarlet Fever Shingles Artificial Joint Yes No Excessive Bleeding Yes No High Cholesterol Yes No Shingles Shingles Shingles Yes No Blood Disease Yes No Fainting Spells/Dizziness Yes No Blood Disease Yes No Frequent Cough Yes No Brequent Diarrhea Yes No Brequent Diarrhea Yes No Genital Herpes Yes No High Cholesterol Yes No Sinus Trouble Yes No Sinus Trouble Yes No Stroke Yes No Hay Fever Yes No Mitral Valve Prolapse Yes No Thyroid Disease Yes No Code Sores/Fever Blisters Yes No Heart Attack/Failure Yes No Congenital Heart Disorder Yes No Heart Trouble/Disease Yes No Heart Yes No Heart Trouble/Disease Yes No Heart Yes No Heart Trouble/Disease Yes No Heart Yes No	Anemia	Yes	NO Easily Wind	led	Yes	ONO .	Herpes	Yes	No	Rheumatic Fever	Yes	No
Artificial Heart Valve Yes No Artificial Joint Yes No Excessive Bleeding Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problems Yes No Genital Herpes Yes No Genital Herpes Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Congenital Heart Trouble/Disease Yes No Congenital Heart Stood of the Art Trouble/Disease Yes No Congenital Heart S	Angina	Yes	No Emphysem	a	Yes	○ No	High Blood Pressure	Yes) No	Rheumatism	Yes	No
Artificial Joint Yes No Asthma Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Blood Transfusion Yes No Blood Transfusion Yes No Breathing Problems Yes No Breathing Problems Yes No Genital Herpes Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Codd Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed Yes No Iscasse Yes No If yes	Arthritis/Gout	Yes	No Epilepsy or	Seizures	Yes	No	High Cholesterol	Yes	No	Scarlet Fever	Yes	No
Asthma	Artificial Heart Valve	Yes	No Excessive B	leeding	Yes	No	Hives or Rash	Yes	No	Shingles	Yes	No
Blood Disease Yes No Blood Transfusion Yes No Brequent Diarrhea Yes No Breathing Problems Yes No Breathing Problems Yes No Bruise Easily Yes No Genital Herpes Yes No Genital Herpes Yes No Chemotherapy Yes No Hay Fever Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed Yes No If yes No	Artificial Joint	Yes	No Excessive T	hirst	Yes	⊕ No	Hypoglycemia	Yes	No		Yes	No
Blood Transfusion Yes No Frequent Diarrhea Yes No Breathing Problems Yes No Frequent Headaches Yes No Bruise Easily Yes No Ganital Herpes Yes No Glaucoma Yes No Chemotherapy Yes No Hay Fever Yes No Heart Attack/Failure Yes No Cold Sores/Fever Blisters Yes No Heart Pacemaker Yes No Convulsions Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Attack Yes No Heart Trouble/Disease Yes No Heart Attack Yes No Heart Attack Yes No Heart Attack Yes No Heart Trouble/Disease Yes No Heart Attack Yes No Heart Att	Asthma	Yes	No Fainting Spe	ells/Dizziness	Yes	No	Irregular Heartbeat	Yes (No	Sinus Trouble	Yes	No
Breathing Problems	Blood Disease	Yes	No Frequent Co	ough	Yes	No	Kidney Problems	Yes	No	Spina Bifida	Yes	No
Bruise Easily Yes No Genital Herpes Yes No Low Blood Pressure Yes No Swelling of Limbs Cancer Chemotherapy Yes No Hay Fever Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Have you ever had any serious illness not listed Yes No If yes	Blood Transfusion	Yes	No Frequent Di	iarrhea	Yes	○ No	Leukemia	Yes	No	Stomach/Intestinal Disease	Yes	No
Bruise Easily Yes No Genital Herpes Yes No Low Blood Pressure Yes No Swelling of Limbs Cancer Chemotherapy Yes No Hay Fever Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Have you ever had any serious illness not listed Yes No If yes	Breathing Problems	Yes 🧑 f	No Frequent H	eadaches	Yes	⊘ No	Liver Disease	O Yes	No	Stroke	Yes	No
Cancer		Yes 🧖 f	No Genital Her	oes	Yes	No	Low Blood Pressure	Yes	No	Swelling of Limbs	Yes	No
Chemotherapy	Cancer	e Yes e 1			Yes	O No	PRODUCE ESCAPE CARACTERS	Yes	No		Yes	No
Chest Pains	Chemotherapy	⊕ Yes ⊕ N	No Hay Fever		Yes	○ No				The sale Control of the Control of t	Yes	No
Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Heart Trouble/Disease Yes No	THE RESERVE OF THE PARTY OF THE		. *	k/Failure						11.40-10.10.00.000.00.00	Yes	No
Congenital Heart Disorder Yes No Heart Pacemaker Yes No Parathyroid Disease Yes No Ulcers Convulsions Yes No Heart Trouble/Disease Yes No Psychiatric Care Yes No Venereal Disease Yellow Jaundice Have you ever had any serious illness not listed Yes No If yes	Cold Sores/Fever Blisters	e Yes 🗇 1		-77			THE COURSE OF STREET			the area area area and the second	Yes	No
Convulsions Yes No Heart Trouble/Disease Yes No Psychiatric Care Yes No Venereal Disease Yellow Jaundice Have you ever had any serious illness not listed Yes No If yes							ON TOTAL CONTROL STREET			A CONTRACTOR OF STREET AND A STREET OF THE STREET OF	Yes	No
Yellow Jaundice Have you ever had any serious illness not listed Yes No If yes										- Carronen	Yes	No
				,			r oyando le dare				Yes	No
	Have you ever had any s	serious illoc	ss not listed	- Yes	No	If wor						
omments:	avo you ever ridu diry e	serious illite.	35 1101 115050	() 163 (7140	II yes						
	omments:											

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X	Date:

Dr Neil N Hadaegh DDS Inc

8920 WILSHIRE BLVD STE 625 | BEVERLY HILLS CA, 90211 | (310) 659-5399

Written Financial Policy

Thank you for choosing Dr Neil N Hadaegh DDS Inc. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Options1 from CareCredit Healthcare Credit Card
 - Allow you to pay over time
 - No annual fees or pre-payment penalties

Please note:

Dr Neil N Hadaegh DDS Inc requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. If you have dental insurance, your estimated co-pay plus deductible is due at the time of service. Please be advised, we are only in network with Delta Dental. If you have an individual insurance plan, payment is due in full and will be reimbursed by your insurance plan directly to you.

For larger, more comprehensive treatment plans of \$5,000 or more, a 25% deposit is required to secure your initial treatment appointment.

A fee of \$100 is charged for patients who miss or cancel two times in a calendar year without 24-hour notice.

Dr Neil N Hadaegh DDS Inc does not accept personal checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature	Date	
Patient Name (Please Print)		
'Subject to credit approval		