



ORTHODONTICS

WYOMISSING | DOUGLASSVILLE | POTTSTOWN

1
ROG

Tell us about your child

Name: _____

Address: _____

Date of Birth: _____ Age: _____

Home Phone #: _____ Sex: M or F

Email: _____

School: _____ Grade: _____

Hobbies/ Sports: _____

Family members treated in our office:
(name and relationship)

Reason for consultation: _____

Patient's dentist: _____

Whom may we thank for referring you?

Thank you for your interest in ROG Orthodontics. Please fill out the information below and we will contact you to schedule an appointment time. We look forward to seeing you soon.

Our goal is to make every child's visit pleasant and educational. We pride ourselves in teaching excellent oral healthcare so your child's smile will last a lifetime.

2
ROG

Responsible Party Information

Name: _____

Address: _____

SS#: _____ DOB: _____

Employer: _____

Work phone #: (____) _____

e-mail: _____

Does patient have orthodontic insurance? Y or N

3
ROG

Father's Information

Name: _____

Marital status:

separated single divorced
 widowed married

Address: _____

SS#: _____ DOB: _____

Employer: _____

Home phone #: (____) _____

Cell phone #: (____) _____

Work phone #: (____) _____

Email: _____

Orthodontic Insurance Co. _____

Do you participate in a flex plan Y or N

4
ROG

Mother's Information

Name: _____

Marital Status:

separated single divorced
 widowed married

Address: _____

SS#: _____ DOB: _____

Employer: _____

Home phone #: (____) _____

Cell phone #: (____) _____

Work phone #: (____) _____

Email: _____

Orthodontic Insurance Co. _____

Do you participate in a flex plan Y or N

We ask for a 48 hour cancellation notice if you are unable to keep this appointment. Since this is a complimentary appointment, valued at \$450, we will be unable to reschedule if you miss this appointment.

****Please mail, e-mail or fax this form to us ASAP. Thank you.****

Robert E. Doleva, D.M.D. | Natalie M. Parisi, D.D.S. | Dennis J. Mauro, D.M.D.

1268 Penn Avenue, Wyomissing, PA 19610

1204 Ben Franklin Highway West, Douglassville, PA 19518

900 Heritage Drive, Suite 920, Pottstown, PA 19464

Phone: 610-374-4097 | Fax: 610-372-8119 | fantasticsmiles.com | braces@fantasticsmiles.com

Medical History

Circle Yes or No for which the patient has a history:

ADHD	Y N	Bulimia	Y N	Endocrine problems	Y N	Immune problems	Y N	Periodontal problems	Y N	Special needs	Y N
Allergies	Y N	Cancer	Y N	Emotional disorders	Y N	Jaw Problems	Y N	Pneumonia	Y N	Speech problems	Y N
Anemia	Y N	Cerebral palsy	Y N	Epilepsy	Y N	Kidney problems	Y N	Prolonged bleeding	Y N	Thumb sucking	Y N
Arthritis	Y N	Chest pains	Y N	Fainting, Dizziness	Y N	Low blood pressure	Y N	Rheumatic fever	Y N	Tooth grinding	Y N
Asperger Synd.	Y N	Chronic neck pain	Y N	Headaches	Y N	Mouth breathing	Y N	Scoliosis	Y N	Tuberculosis	Y N
Asthma	Y N	Cold sores/Herpes	Y N	Heart condition	Y N	Muscular disorders	Y N	Seizures	Y N		
Autism	Y N	Diabetes	Y N	Hepatitis	Y N	Nervous disorders	Y N	Sleep apnea	Y N		
Autoimmune	Y N	Down syndrome	Y N	High blood pressure	Y N	Organ transplant	Y N	Snoring	Y N		
Bone disorders	Y N	Drug allergies	Y N	HIV/AIDS	Y N	Painful chewing	Y N	Smoking	Y N		

Any disease, problems, or allergies not mentioned above? _____

Current Medications? _____

Do you now or have you ever taken bisphosphonates, including, Fosamax, Didronel, Boniva, Aredia, Actonel, Skelid or Zometa? _____ If yes, which drug _____

Have wisdom teeth been extracted? _____ Any face, mouth or teeth injuries? _____

Does the patient normally breathe through the mouth while awake or asleep? _____ Do gums bleed when brushed or flossed? _____

Has an orthodontist been consulted previously? _____ Have you had previous orthodontic treatment? _____

Are there any missing or extra teeth? _____ Have the tonsils and adenoids been removed? _____

Any questions? _____

Signature: _____ Relationship To Patient: _____ Date: _____

**I hereby acknowledge that I have read and understand the ROG Orthodontics Patient Privacy Notice (HIPAA).
Copy available on request.**

Signature: _____ Relationship To Patient: _____ Date: _____



ORTHODONTICS
ROG WYOMISSING | DOUGLASSVILLE | POTTSTOWN

Smiles In Motion
We'll pick your child up from school!

**CURRENTLY SERVING
ALL SCHOOLS IN
BERKS COUNTY and
COCALICO SCHOOL
DISTRICT!**

**Ask us for information on
your school TODAY!**

WE'RE ON A ROLL!



ORTHODONTICS
ROG WYOMISSING | DOUGLASSVILLE | POTTSTOWN



1268 Penn Avenue
Wyomissing, PA 19610

1204 Ben Franklin Hwy West
Douglassville, PA 19518

900 Heritage Drive, Suite 920
Pottstown, PA 19464
610.374.4097

Fax – 610.372-8119
braces@fantasticsmiles.com

**WE OFFER
EMAIL AND TEXT
MESSAGE
APPOINTMENT
REMINDERS!
CHECK YOUR
APPOINTMENT TIME
OR YOUR BALANCE 24/7
PRINT OUT YOUR LIST
OF PAYMENTS ONLINE!**



**REGISTER YOUR EMAIL
ADDRESS TO RECEIVE
E-MAIL REMINDERS
(WE PROMISE NOT TO GIVE OUT OR
SELL YOUR EMAIL ADDRESS)**

www.fantasticsmiles.com

****Please mail, e-mail or fax this form to us ASAP. Thank you.****