POWELL ORTHODONTICS

								-5866
2076 BALDWIN		JENI	SON, MICH	IGAN 49428		TELEPH	ONE (616) 457	-5000
Patient's Name				Parent's Email				
	Age							
,								
FATHER	R / GUARDIAN / SELF	F			MOTHER /	GUARDIAN	N	
Name				Name				
Address				Address				
Phone	Cell			Phone				
	S.S.#			Date of Birth _				
				Driver's Lic. #_				
	Ph. #			Employer				
				Ortho Insurance				
				Insurance I.D. #				
Has patient ever been Have tonsils or adenoi	bleeding when cut hospitalizedds been removed			Are there any end Has patient ever	er had surgery			
Is there any excessive Has patient ever been Have tonsils or adenoi Was patient absent fro Has patient ever had a If the answer to any of Has patient had any of Anemia Asthma HIV	bleeding when cut	than five drug	ve days la slease exp	Has patient events tyear due to il structure de la company	dney er alignancies	☐ Mum ☐ Rheu ☐ Spee	nps umatic Feve	
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Is there any excessive Has patient ever been Have tonsils or adenoi Was patient absent fro Has patient ever had a If the answer to any of Has patient had any of Anemia Asthma HIV Allergies Cerebral Palsey DENTAL HISTORY Trauma to the dental a (chipped tooth, root of Operations in the dent Previous Orthodontic of Previous Orthodontic of Does the patient play a instrument?	bleeding when cut	than five drug YES, p	ve days la slease exp Tuberculc Hepatitis Herpes Hearing Heart	thas patient events year due to il structured in the series of the active at the Does the patient is the series of the patient in the series of the seri	dney er alignancies easles enonucleosis g or nail biting he e above present time? ent (if a minor) ethers or sisters	☐ Mum ☐ Rheu ☐ Spee ☐ Thyre ☐ Othe nabits?	nps umatic Feve ech oid er	r