



Standifer Orthodontics

Braces for Children & Adults

Dr. Denny Standifer

Patient:

First _____ Middle _____ Last _____

Name we should call you _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Birthdate _____ Social Security # _____ Dentist _____

Employer _____

Work Address: Street _____ City _____ State _____ Zip _____

Spouse:

First _____ Middle _____ Last _____

Name we should call you _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Birthdate _____ Social Security # _____ Dentist _____

Employer _____

Work Address: Street _____ City _____ State _____ Zip _____

Children:

Names and Ages _____

Patient Interests _____

How did you learn about our office? _____

Dayton Office: (423) 775-9302 • 225 Main Street • Suite 100 • Dayton, TN 37321

Chattanooga Office: (423) 877-6485 • P.O. Box 1508 • Hixson, TN 37343



Standifer Orthodontics

Braces for Children & Adults

Dr. Denny Standifer

Patient _____ **Birthdate** _____

Medical

Check any conditions that apply. Physician _____

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Latex allergy | <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Heart disorder | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Liver disorder | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Lung disorder | <input type="checkbox"/> Allergies | <input type="checkbox"/> Kidney disorder | <input type="checkbox"/> Bone disorder |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Chronic Headache | <input type="checkbox"/> Psychiatric care | <input type="checkbox"/> ADD |

- | | |
|---|---|
| <input type="checkbox"/> Currently under physicians care | <input type="checkbox"/> Currently taking medication |
| <input type="checkbox"/> Antibiotics required for dental care | <input type="checkbox"/> Surgery within last 5 years |
| <input type="checkbox"/> Other medical conditions | <input type="checkbox"/> None of these apply to patient |

Explain any checked conditions _____

Dental

Dentist _____ Last cleaning _____

- | | |
|---|---|
| <input type="checkbox"/> Injury to the jaws or teeth | <input type="checkbox"/> Gum disease /bleeding gums |
| <input type="checkbox"/> Jaw joint problems/TMJ | <input type="checkbox"/> Clenching/grinding |
| <input type="checkbox"/> Missing/extra teeth | <input type="checkbox"/> Wisdom teeth removed |
| <input type="checkbox"/> Speech problems | <input type="checkbox"/> Thumb/finger sucking |
| <input type="checkbox"/> Prior orthodontic treatment or consult | |

Explain any checked conditions _____

Your orthodontic concerns _____

I certify that I have legal responsibility for this patient, that the information provided is accurate and that I will inform Standifer Orthodontics of any changes in this information.

Signature _____ Date _____

Reviewed by _____ Date _____

Dayton Office: (423) 775-9302 • 225 Main Street • Suite 100 • Dayton, TN 37321

Chattanooga Office: (423) 877-6485 • 1724 Hamill Road • Suite 202 • Hixson, TN 37343



Standifer Orthodontics

Braces for Children & Adults

Dr. Denny Standifer

Financial Information

Patient _____

Financial Responsible Party #1 _____

Relationship to patient _____ Social Security Number _____

Employer Name/Address/Phone _____

Insurance Company Name/Address/Phone _____

Policy/Group # _____

Employee Signature _____ Date _____

(Employee signature needed for us to file insurance once treatment is started.)

Financial Responsible Party #2 _____

Relationship to patient _____ Social Security Number _____

Employer Name/Address/Phone _____

Insurance Company Name/Address/Phone _____

Policy/Group # _____

Employee Signature _____ Date _____

(Employee signature needed for us to file insurance once treatment is started.)

Dayton Office: (423) 775-9302 • 225 Main Street • Suite 100 • Dayton, TN 37321

Chattanooga Office: (423) 877-6485 • 1724 Hamill Road • Suite 202 • Hixson, TN 37343



Standifer Orthodontics

Braces for Children & Adults

Dr. Denny Standifer

Authorization for Credit Report

I authorize Standifer Orthodontics to obtain a credit report for the responsible party named below. I understand the information will be used by this office for making credit decisions related to orthodontic treatment.

Patient Name _____

Responsible Party Name First _____ Middle _____ Last _____

Social Security Number _____

Current Street Address _____ Years lived here _____

City _____ State _____ Zip _____

Current Employer _____ Years Employed _____

Employer City _____ State _____

If changed residence or employment in the last 24 months:

Previous Street Address _____ Years lived here _____

City _____ State _____ Zip _____

Previous Employer _____ Years Employed _____

Employer City _____ State _____

Signature _____ *Date* _____

Dayton Office: (423) 775-9302 • 225 Main Street • Suite 100 • Dayton, TN 37321

Chattanooga Office: (423) 877-6485 • P.O. Box 1508 • Hixson, TN 37343

STANDIFER ORTHODONTICS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT****

I, _____ have received a copy of this office's Notice
of Privacy Practices.

(Please print name)

(Signature)

(Date)

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of
Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining
acknowledgement
- Other (please specify) _____