



**Medical Update form in Parent/Guardian Absence**

**Patients Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby authorize my child, \_\_\_\_\_, to arrive unaccompanied for his/her dental check-up/procedure.

**OR**

I hereby authorize, \_\_\_\_\_, to act in my behalf to obtain treatment for my child in my absence:

**Personal Information Update, if necessary:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

**Insurance Information Update, if necessary:**

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_ ID#: \_\_\_\_\_

**Medical Information Update: REQUIRED**

1. Has there been any change in patient's health since last dental visit? (surgeries, new diagnosis, hospital visits) Yes: \_\_\_\_ No: \_\_\_\_ If so, explain: \_\_\_\_\_
2. Is patient taking any medications? Yes: \_\_\_\_ No: \_\_\_\_ Please list: \_\_\_\_\_
3. Any new allergies? Yes: \_\_\_\_ No: \_\_\_\_ Please list: \_\_\_\_\_
4. Does the patient have any serious health problems? \_\_\_\_\_

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Please email this completed form to [info@adavenpediatricdental.com](mailto:info@adavenpediatricdental.com) fax to (702) 492-7663 or bring to the appointment. Thank you.