



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 fax to (702) 492-7663 or bring to the appointment. Thank you.