

8. Circle any of the following which you have had.

- | | | | |
|----------------------------|---------------------|--------------------------|------------------------------|
| Heart trouble | Tuberculosis | Congenital Heart Lesions | Hepatitis |
| Prosthetic Valves | Arthritis | High Blood Pressure | Stroke |
| Anemia | Epilepsy | Rheumatic Fever | Psychiatric Treatment |
| Non-Drug Allergies | Sinus Trouble | Hayfever | Ulcers |
| Asthma | Surgery (Major) | Diabetes | Cancer or Chemotherapy |
| Thyroid Disease | Radiation Treatment | Kidney Disease | Sexually Transmitted Disease |
| Prosthetic Limbs or Joints | Immune Deficiency | | |

(CHECK ONE)

YES NO

9. Are you aware of any other medical problems?

YES NO

10. Have you ever had endodontic (root canal) treatment?

YES NO

11. If treatment is necessitated by an accident please note dates, type of accident, place where it occurred, and the name of any person insurance company providing coverage.

DO NOT SIGN UNTIL AFTER EXAM

Dr. Hebert has personally, verbally explained the proposed treatment and its prognosis. Complications, if ar are listed below and I understand and accept the risks they imply. In signing this statement, I request treatme and agree to pay a fee of _____ by the time treatment is completed. I realize unforeseeable circum stances in treatment may require further treatment at a different fee. I further understand that follow-up visits (no additional fee) are necessary to ensure the success of treatment, and I hereby give Dr. Hebert permission notify me by **POSTCARD** to call for an appointment at the suggested time.

Signature _____ Date _____

Reviewed by:

**Balances remaining one month after treatment
will be assessed 18% annual interest**

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 obtain because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)