

R. BRYAN GULLEY, D.D.S. & ASSOCIATES
ORAL & MAXILLOFACIAL SURGERY
6421 Saratoga Bldg. 101 - Corpus Christi, TX 78414

Today's Date: _____

ABOUT YOU

Name: _____ Male Female Emergency Contact: _____
 Single Married Child Other Birth date: ___/___/___ Age: _____ S.S.#: _____
Home Address: _____ City _____ State _____ Zip _____
Home Phone: (____) _____ Work: (____) _____ ext. _____
Cell: (____) _____ Driver's License State and #: _____
Employer: _____ Occupation: _____

PERSON RESPONSIBLE FOR ACCOUNT (If Patient is a Minor)

Same as above Name: _____ Birth date: ___/___/___ Relation: _____
Billing Address: _____ City _____ State _____ Zip _____
Home Phone: (____) _____ Work: (____) _____ S.S.#: _____
Employer: _____ Occupation: _____
Signature: _____

INSURANCE INFORMATION

Medical Insurance

Insurance Co. Name: _____ Phone: (____) _____ Group/Policy #: _____
Insured's Name: _____ Insured's Birth date: ___/___/___ Relation: _____
Insured's Social Security #: _____ Insured's Employer: _____

Dental Insurance

Insurance Co. Name: _____ Phone: (____) _____ Group/Policy #: _____
Insured's Name: _____ Insured's Birth date: ___/___/___ Relation: _____
Insured's Social Security #: _____ Insured's Employer: _____

I hereby authorize payment of the insurance benefit
otherwise payable to me to be paid directly to this office: _____
Responsible Party Signature

Please indicate method of payment of today's visit:

Check Cash Credit Card

IN THE EVENT OF DEFAULT, I AGREE TO PAY REASONABLE
COLLECTION CHARGES AND ATTORNEY FEES.

Please Note: Our fees are payable in full for first office exam, and at time of the surgical
Appointment. If you have any question about this policy, please contact our secretary.
Thank You.

Responsible Party Signature

Today's Date: _____

Patient Name: _____ Patient's Employer: _____ Dentist:/Referred by: _____

Birth date: ____/____/____ Age: _____ Male Female Height: _____ Weight: _____

Spouse's Name _____ Spouse's Employer _____

PLEASE ANSWER ALL QUESTIONS AND FILL IN BLANK SPACES WHERE INDICATED. ANSWERS TO THE FOLLOWING ARE ONLY FOR OUR RECORDS AND WILL BE CONSIDERED CONFIDENTIAL.

- 1. Have you had food or drink today? Yes No
- 2. Are you in good health? Yes No
- 3. Are you under the care of a Physician? . . . Yes No
- 4. Your last Physical Examination was on? _____
- 5. Name and Phone of your Physician:

- 6. Have you had any illness, operation or been Hospitalized? Yes No
- 7. Do you drink alcoholic beverages? Yes No
- 8. Do you smoke or use Tobacco products? . . Yes No
- 9. Do you take Vitamins or Supplements? Yes No
- 10. Have you had abnormal bleeding associated with previous extractions, trauma or surgery? Yes No
- 11. Do you have any bleeding disorder such as anemia? Yes No
- 12. Are you taking any drugs or medications? . . Yes No
If "Yes" what medications: _____

- 13. Are you taking any of the following?
 - a. Antibiotics or Sulfa Drugs Yes No
 - b. Anticoagulants (blood thinners) Yes No
 - c. Medicine for high blood pressure Yes No
 - d. Cortisone (steroids) Yes No
 - e. Tranquilizers. Yes No
 - f. Aspirin Yes No
 - g. Insulin, Tolbutamid or Metformin Yes No
 - h. Digitalis or drugs for heart problems Yes No
 - i. Nitroglycerin Yes No
 - j. Are you taking OR have you ever taken Bisphosphonates (Fosamax, Actonel, Aredia, Boniva, Didronel, Skelid, Bonefos or Zometa) for Osteoporosis or Chemotherapy for multiple Myeloma etc,?. Yes No
 - k. Fen-Phen (now or in the past) or related drugs such as Ionimin, Adipex, Phentramine, Fastin, Pondimin (fenfluramine) and Redux (dexfenfluramine). Yes No
 - l. Other not listed above _____

- 14. Please answer the following with a YES or NO.
 - A. Do you grind your teeth at night. Yes No
 - B. Do you have a history of jaw pain with opening & closing. Yes No
 - C. Does your jaw pop or click Yes No
 - D. Has your jaw ever been stuck open or closed Yes No
- 15. Have you had Radiation or Chemotherapy. Yes No
- 16. Are you pregnant. Yes No
- 17. Are you allergic or have you reacted adversely to:
 - A. Iodine Yes No
 - B. Penicillin or other Antibiotics. Yes No
 - C. Sulfa Drugs Yes No
 - D. Barbiturates, sedatives, sleeping pills . . Yes No
 - E. Aspirin or Tylenol Yes No
 - F. Soybeans or Eggs. Yes No
 - G. Latex Yes No
 - H. Local Anesthetics Yes No
 - I. Other _____
- 18. Have you had an adverse reaction associated with previous dental or medical treatment Yes No
- 19. Have you had or currently have any of the following illnesses?
***please answer yes or no to all of the following items below:*
 - AIDS or HIV Positive. Yes No
 - Anemia. Yes No
 - Angina or chest pain Yes No
 - Arthritis. Yes No
 - Artificial Joint replacement Yes No
 - Asthma. Yes No
 - COPD, Emphysema, lung disease Yes No
 - Cancer. Yes No
 - Diabetes Yes No
 - Epilepsy. Yes No
 - Fainting. Yes No
 - Glaucoma Yes No
 - Heart Attack Yes No
 - Hepatitis, A, B, C Yes No
 - High blood pressure Yes No
 - Low Blood pressure Yes No
 - Kidney disease. Yes No
 - Liver problems. Yes No
 - Rheumatic Fever Yes No
 - Heart Valve replacement or bypass. Yes No
 - Thyroid disease Yes No
 - Venereal Disease (STD's). Yes No
 - Stroke or TIA Yes No
 - Other _____

I have filled out this health questionnaire completely. I have advised you of all medical problems of which I am aware.

I have reviewed the health history form above:

Patient Signature _____ Date _____

Doctor Signature _____ Date _____

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices for

R. Bryan Gulley, DDS & Associates
6421 Saratoga Blvd., Building 101
Corpus Christi, Texas 78414

Name of Patient (type or print)

Patient or Patient Representative Signature

Date

Relationship of Patient Representative to Patient

Above -- Patient or Representative Use Only

Below -- Provider Use Only

Documentation of Good Faith Effort

The patient identified above was provided with a copy of the Provider's Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of the Privacy Notice. However, acknowledgement has not been obtained because:

Patient refused to sign the Privacy Notice Acknowledgement

Patient was unable to sign because: _____

There was a medical emergency. Provider will attempt to obtain acknowledgement as soon as practical.

Employee Signature

Date

GULLEY ORAL & MAXILLOFACIAL SURGERY
DENTAL IMPLANT CENTER
R. BRYAN GULLEY, DDS & ASSOCIATES

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluation and treatment
- Your health information may be used for the purposes of obtaining payment
- Your health information may be used as necessary to support the day-to-day activities and management of this practice.
- Your health information may be disclosed if mandated by law.
- Your health information may be disclosed to public health agencies as required by law.

OTHER USES AND DISCLOSURES REQUIRE YOUR SPECIFIC WRITTEN AUTHORIZATION

YOUR RIGHTS:

You have certain rights under the federal privacy standards. These include.

- The right to request restrictions on the use and disclosure of your health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your health information.
- The right to amend or submit corrections to your health information.
- The right to receive an accounting of how and to whom your health information has been disclosed
- The right to receive printed copy of this notice.

OUR DUTIES:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

FURTHER INFORMATION:

For further information regarding our privacy practices please contact a member of our staff at (361) 992-3873, correspondent to the following address:

Attention Privacy Officer
6421 Saratoga Blvd. Bldg. 101
Corpus Christi TX, 78414