The Yuma Dentist – Foothills

Patient Update or Change in information

Patient Name:
_____Date:_____

Has your address changed since your last visit? Y/N

Has your contact phone # changed since your last visit? Y/N

Have there been any changes to your medical history since your last visit? Y/N
If yes, please explain

Are you taking any new medications since your last visit? Y/N
If yes, please fill out new form.

Have you been any changes or updates to your Dental Insurance since your last visit? Y/N
If yes, please update