

K. EDWARD OPPERMANN, D.D.S., F.A.G.D. DARREN REDMAN, D.D.S., M.B.A.

PREVENTIVE, COSMETIC, AND FAMILY DENTISTRY
1414 Green Oak Terrace Court Ste. 300
Kingwood, Texas 77339 • (281) 358-2711

			Today's Date				
			Birth Date				
Name		Age	Sex	Marital Sta	atus		
Parent or Guardian, If Patient is a Minor		Patient Phone No.					
Home Address			City	State _	Zip Code _		
Social Security No	Drivers Licer	nse No	En	nail			
Patient's Employer	Occi	upation		Work Phone N	lo		
Employer's Address	Street	Cit.	10 a	State	Zip Code		
services, we have y coverage. You are sting the coverage of the cost of a coverage of the cove	rtesy, we try to approximate ou initially pay a portion of ill ultimately responsible for a lans rarely cover entire treatr Your cost for the policy Your eligibilty A deductible clause nee plans are designed to be dental policy that would cover lental insurance company they have not received a carises, we may ask you to co	the total fee. This a ill fees incurred for se ment costs. Your ben d. A table of e. A dollar lin f. Or any cor elp minimize dental e r needed services 10 will attempt to dela claim or requested r	efits are deternational determination of the expenses, not company of the expenses of the expe	d on your estind. nined by factors ervices above over them compare than the topy requesting ng claim is und	mated insurance such as: pletely. For most reatment itself, unnecessary der review by		
As always, we will be handle a claim promp. We are able to was services are rendered	the as cooperative as possible as cooperative as possible of the persistency it a maximum of 6 weeks for downward pay insurance payment as a countries.	le with your insurance of the individual par r payment by your in ment in full, then be	ce carrier. Mai atient who is para surance carrier reimbursed wh	ny times insura ying the premiu r. After six wee	nce carriers will ms. ks from the date		
As always, we will be handle a claim promp We are able to wa services are rendered We wait six weeks for	be as cooperative as possible the persistence of the persistence it a maximum of 6 weeks for doing to make pay r insurance payment as a country of the persistence of	ole with your insurance of the individual part payment by your in ment in full, then be urtesy to our insured	ce carrier. Mai atient who is pa surance carrie reimbursed wh patients.	ny times insura ying the premiu r. After six wee en your insurar	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp We are able to wa services are rendered We wait six weeks for	be as cooperative as possible type as cooperative as possible type as cooperative as possible to the persistency it a maximum of 6 weeks for divour will need to make pay	ole with your insurance of the individual part payment by your in ment in full, then be urtesy to our insured	ce carrier. Mai atient who is pa surance carrie reimbursed wh patients.	ny times insura ying the premiu r. After six weel en your insurar	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp We are able to wa services are rendered We wait six weeks for I have read and und	be as cooperative as possible the persistence of the persistence it a maximum of 6 weeks for doing to make pay r insurance payment as a country of the persistence of	ole with your insurance of the individual part payment by your in ment in full, then be urtesy to our insured tated above:	ce carrier. Mai atient who is pa isurance carrier reimbursed who patients.	ny times insura ying the premiu r. After six wee en your insurar	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp. We are able to wa services are rendered. We wait six weeks for a have read and und please COMPLETE.	be as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks found you will need to make pay or insurance payment as a conferstand the office policy state. The INSURANCE INFORM	ole with your insurance of the individual part payment by your in ment in full, then be urtesy to our insured tated above:	ce carrier. Mai atient who is pa isurance carrier reimbursed who patients. Signature of	ny times insura ying the premiu r. After six wee en your insurar	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp. We are able to wa services are rendered. We wait six weeks for a large read and und read an	the as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks for the development as a country of the persistency of t	ble with your insurance of the individual par payment by your in ment in full, then be urtesy to our insured sated above:	ce carrier. Mai atient who is pa isurance carrier reimbursed who patients. Signature of	ny times insura ying the premiu r. After six weet en your insurar of Patient or Patient	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp. We are able to wa services are rendered. We wait six weeks for a large and and and and a large and and and a large and	be as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks found you will need to make pay or insurance payment as a conferstand the office policy state. The INSURANCE INFORM	ole with your insurance of the individual part payment by your in ment in full, then be urtesy to our insured tated above:	ce carrier. Mai atient who is pa isurance carrier reimbursed whi patients. Signature control APPLICABLE. Corpora	ny times insura ying the premiu r. After six week en your insurar of Patient or Patient	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp. We are able to wa services are rendered. We wait six weeks for a line of the complete of the compl	the as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks for the development as a country of the persistency of t	ble with your insurance of the individual par payment by your in ment in full, then be urtesy to our insured sated above:	ce carrier. Mai atient who is pa isurance carrier reimbursed who patients. Signature of	ny times insura ying the premiu r. After six week en your insurar of Patient or Patient	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp. We are able to wa services are rendered. We wait six weeks for a large and and and and a large are always. PLEASE COMPLETE amployer of Insured	the as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks for the development as a country of the persistency of t	ble with your insurance of the individual par payment by your in ment in full, then be urtesy to our insured sated above:	ce carrier. Mai atient who is pa isurance carrier reimbursed whi patients. Signature control APPLICABLE. Corpora	ny times insura ying the premiu r. After six week en your insurar of Patient or Patient	nce carriers will ms. ks from the date nce carrier pays.		
As always, we will be handle a claim promp. We are able to was services are rendered. We wait six weeks for a linear transfer of the services are rendered. I have read and und transfer of the services are rendered. PLEASE COMPLETE of the services are rendered and und transfer of the services are rendered. I have read and und transfer of the services are rendered and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered. I have read and und transfer of the services are rendered.	pe as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks for the distribution of 6 weeks for the control of the persistency of the pe	ole with your insurance of the individual par payment by your in ment in full, then be urtesy to our insured that above: MATION BELOW IF	ce carrier. Mai atient who is pa isurance carrier reimbursed whi patients. Signature co APPLICABLE. Corpora Insurance (ny times insurarying the premiur. After six weeken your insurarent properties of Patient or Patient	Ince carriers will ms. ks from the date noe carrier pays.		
As always, we will be handle a claim promp. We are able to wa services are rendered. We wait six weeks for I have read and und PLEASE COMPLETE. Imployer of Insured	pe as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks for the desired to make pay or insurance payment as a conferstand the office policy state. Street Street	ole with your insurance of the individual part payment by your in ment in full, then be urtesy to our insured stated above: City City Employee's	ce carrier. Mai atient who is pa isurance carrier reimbursed whi patients. Signature content Corpora Insurance Corpora Social Security	ny times insurarying the premiur. After six weeken your insurarent properties of Patient or Patient	Ince carriers will ms. ks from the date noe carrier pays.		
As always, we will be handle a claim promp We are able to wa services are rendered. We wait six weeks for I have read and und PLEASE COMPLETE. Employer of Insured Employer's Address Ensurance Carrier Address Ensurance Group #	pe as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks for the distribution of 6 weeks for the control of the persistency of the pe	ce of the individual part payment by your in ment in full, then be urtesy to our insured stated above: City City Employee's Employee's	ce carrier. Mai atient who is pa isurance carrier reimbursed whi patients. Signature co APPLICABLE. Corpora Insurance Co Social Security Birthdate	ny times insurarying the premiur. After six weeten your insurarent Patient or Patient or Patient Oc. Phone	Ince carriers will ms. ks from the date noe carrier pays.		
As always, we will be handle a claim promp We are able to wa services are rendered. We wait six weeks for I have read and und PLEASE COMPLET. Employer of Insured Employer's Address Ensurance Carrier Address Insurance Group #	pe as cooperative as possible the persistency of the persistency of the persistency of a maximum of 6 weeks for the desired to make pay or insurance payment as a conferstand the office policy state. Street Street	ce with your insurance of the individual par payment by your in ment in full, then be urtesy to our insured tated above: City Employee's Spouse's Sc	ce carrier. Mai atient who is pa isurance carrier reimbursed whi patients. Signature content Corpora Insurance Corpora Social Security	ny times insurarying the premiur. After six weeken your insurarent properties of Patient or Patient	Ince carriers will ms. ks from the date noe carrier pays.		

Smile, it's what we do!
We thank you for choosing our office for your dental needs.

Please Complete Your Medical History B	elow:			
Are you having any dental problems now?	☐ No If so, wh	at?		
Name of former dentist			examination	
When did you last consult a physician?	Reason			
Have you been a patient in a hospital in the past 5 years?	☐ Yes ☐ No	Reason		
Have you ever had any serious illnesses or operations?	☐ Yes ☐ No	If so, wha	at?	
Do you have or have you had, any of the following (Please				
yes no	yes		23. Allergies To:	yes no
1. Heart Disease ☐ ☐ 12. Sinus Trou 2. High / Low Blood Pressure ☐ ☐ 13. Fainting	uble 🗆		a. Penicilin, other Antibotics	
3. Blood Disorder - Anemia			b. Codeine, Aspirin	00
4. Rheumatic Fever			c. Local Anesthetic, Novocain d. Latex, Metals	
	∨ Positive? □		e. Other	
6. Mitral Valve Prolapse ☐ ☐ 17. Tested HIV 7. Thyroid Disease ☐ ☐ 18. Venereal I 8. Hyperthyroidism ☐ ☐ 19. Liver or Ki	Disease		24. Asthma	
7. Thyroid Disease	idney Disease Jaundice		25. Tuberculosis	
9. Diabetes	Jaundice Treatment		26. Emphysema27. Excessive Bleeding	00
			28. Do you Smoke / Chew Tobacco	? 🗆 🗆
			29. Are You Pregnant?	
Do you wish to talk to the doctor privately about anything?				
Are you taking any medicines, drugs or pills? If so, what? _				
Have you experienced any unfavorable reaction to previou	s dental treatment? If s	so, what?		00
Do you have any disease, condition or problem not listed about	ve that you think we sho	ould know	about?	00
I VERIFY THAT ALL INFORMATION COMPLETED IS TR	NIE AND I GIVE MY C	ONSENT	FOR TREATMENT	
TYLIM THAT ALE IN ORIMATION COM LETES IS TH	02 4,70 7 6,72 111 7 6			
Signature of patient, or parent if patient is a minor.	Refe	erred By		
	FOR OFFICE USE			
NAME DATE:			MEDICAL ALERT	
NAME DATE:			MEDICAL ALERT	
			MEDICAL ALERT	
NAME DATE:			MEDICAL ALERT	
			MEDICAL ALERT	
			MEDICAL ALERT	
			MEDICAL ALERT	1
		Ļ	MEDICAL ALERT	
TEMPOSO DE ESCOCIO			MEDICAL ALERT	
TEMPOSO DE ESCOCIO		300	MEDICAL ALERT	
TEMPOSO DE ESCOCIO		HAND.	MEDICAL ALERT	
TOWN A A A A A A A A A A A A A A A A A A A	1 15 16	HERON -	MEDICAL ALERT	
1 2 3 4 5 6 7 8 9 10 11 12 13 1 BODE OF THE PROPERTY OF THE P	15 16 LEFT	(FEA)		
TOWN A A A A A A A A A A A A A A A A A A A	1 15 16	D CERT		.EFT
1 2 3 4 5 6 7 8 9 10 11 12 13 1 BODE OF THE PROPERTY OF THE P	15 16 LEFT	* CEASON		.EFT
1 2 3 4 5 6 7 8 9 10 11 12 13 1 BODE OF THE PROPERTY OF THE P	15 16 LEFT	HA CERT		
1 2 3 4 5 6 7 8 9 10 11 12 13 1 BODE OF THE PROPERTY OF THE P	15 16 LEFT	ATEN CERCE		.EFT
1 2 3 4 5 6 7 8 9 10 11 12 13 1 BODE OF THE PROPERTY OF THE P	15 16 LEFT	44 HEAD		_EFT
RIGHT A B C D E F G H L K	15 16 LEFT RIGH			.EFT
RIGHT A B C D E F G H L K RIGHT A B C D E F C B C	15 16 LEFT RIGH	THE FEATON		.EFT
RIGHT A B C D E F G H L K	15 16 LEFT RIGH	THE TENT		LEFT.
RIGHT A B C D E F G H L K	15 16 LEFT RIGH			_EFT
RIGHT A B C D E F G H L K	15 16 LEFT RIGH			EFT