

Marc S. Globerman, D.D.S.  
Mark H. Saidman, D.D.S.  
7439 Middlebelt Road Suite 1  
West Bloomfield, MI 48322

Date \_\_\_\_\_

Patient Information:

Last \_\_\_\_\_ First \_\_\_\_\_ SS# \_\_\_\_\_

How do you preferred to be contacted? (Please check one)     Phone     Text     Email

Email \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_     Single     Married     Divorced     Widowed

Your Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Are you a new patient:  Yes     No

Former Dentist \_\_\_\_\_ Date of last Cleaning \_\_\_\_\_

Whom may we thank for referring you to us? \_\_\_\_\_

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### Medical History

Please check any that apply

Pregnant (Due \_\_\_\_\_)

Arthritis

Diabetes

Epilepsy

HIV Positive

AIDS

Hepatitis

Tuberculosis

Thyroid

Cancer

Type \_\_\_\_\_

Date Diagnosed \_\_\_\_\_

High blood pressure

Low blood pressure

Circulatory Problems

Orthodontic Treatment

TMJ Dysfunction

Do you use a bite split

Radiation Treatment

Excessive Bleeding

Bleeding gums

Do you smoke or chew tobacco

Herpes (Cold sores)

Take Fosamax or Bisphosphate

**\*Pre-Medicated Patients\***

Do you need to be on an antibiotic for dental cleanings?    Yes    No

Reason for Pre-Med \_\_\_\_\_

Please list all Medications being taken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies    Yes    No    Please List

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Dental Insurance

### Primary Insurance

Insurance CO. Name: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Insured's Birthday: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Employer or Group Name: \_\_\_\_\_

Insured's ID#: \_\_\_\_\_

Ins Grp #: \_\_\_\_\_

INS address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Do you have a secondary Dental Insurance? YES NO**

Insurance CO. Name: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Insured's Birthday: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Employer or Group Name: \_\_\_\_\_

Insured's ID#: \_\_\_\_\_

Ins Grp #: \_\_\_\_\_

INS address: \_\_\_\_\_

Phone #: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_