

1

ROG **Tell us about your child**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Sex: M or F  
 Email: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Hobbies/ Sports: \_\_\_\_\_  
 Family members treated in our office:  
 (name and relationship)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for consultation: \_\_\_\_\_  
 Patient's dentist: \_\_\_\_\_  
 Whom may we thank for referring you?

**Thank you for your interest in the Reading Orthodontic Group. Please fill out the information below and we will contact you to schedule an appointment time. We look forward to seeing you soon.**

**Our goal is to make every child's visit pleasant and educational. We pride ourselves in teaching excellent oral healthcare so your child's smile will last a lifetime.**

2

ROG **Responsible Party Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 SS#: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work phone #: (\_\_\_\_) \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Does patient have orthodontic insurance? Y or N

3

ROG **Father's Information**

Name: \_\_\_\_\_  
 Marital status:  
 separated     single     divorced  
 widowed     married  
 Address: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home phone #: (\_\_\_\_) \_\_\_\_\_  
 Work phone #: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Orthodontic Insurance Co. \_\_\_\_\_  
 Do you participate in a flex plan Y or N

4

ROG **Mother's Information**

Name: \_\_\_\_\_  
 Marital Status:  
 separated     single     divorced  
 widowed     married  
 Address: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home phone #: (\_\_\_\_) \_\_\_\_\_  
 Work phone #: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Orthodontic Insurance Co. \_\_\_\_\_  
 Do you participate in a flex plan Y or N

**We ask for a 48 hour cancellation notice if you are unable to keep this appointment. Since this is a complimentary appointment, valued at \$450, we will be unable to reschedule if you miss this appointment.**

**\*\*Please mail, e-mail or fax this form to us ASAP. Thank you.\*\***

Robert E. Doleva, D.M.D.  
 Phone: 610.374.4097

1268 Penn Avenue, Wyomissing, PA 19610  
[www.fantasticsmiles.com](http://www.fantasticsmiles.com)

Natalie M. Parisi, D.D.S.  
 Fax: 610.372.8119

**e-mail: braces@fantasticsmiles.com**

# Medical History

Circle Yes or No for which the patient has a history:

AIDS	Y N	Cancer	Y N	Endocrine problems	Y N	Immune problems	Y N	Pneumonia	Y N	TMJ problems	Y N
Allergies	Y N	Cerebral palsy	Y N	Emotional disorders	Y N	Kidney problems	Y N	Pregnant	Y N	Tooth Grinding	Y N
Anemia	Y N	Chest pains	Y N	Epilepsy	Y N	Low Blood Pressure	Y N	Prolonged Bleeding	Y N	Tuberculosis	Y N
Arthritis	Y N	Chronic neck pain	Y N	Fainting, Dizziness	Y N	Mouth breathing	Y N	Rheumatic Fever	Y N	Veneral Disease	Y N
Aspirin	Y N	Clicking of jaw	Y N	Glaucoma	Y N	Muscular disorders	Y N	Scoliosis	Y N	ADHD	Y N
Asthma	Y N	Cold Sores/Herpes	Y N	Headaches	Y N	Nervous Disorders	Y N	Seizures	Y N		
Autoimmune	Y N	Diabetes	Y N	Heart condition	Y N	Organ Transplant	Y N	Sleep Apnea	Y N		
Bone Disorders	Y N	Downs Syndrome	Y N	Hepatitis	Y N	Painful chewing	Y N	Speech problems	Y N		
Bulimia	Y N	Drug allergies	Y N	High Blood Pressure	Y N	Periodontal problems	Y N	Thumb Sucking	Y N		

Any disease, problems, or allergies not mentioned above? \_\_\_\_\_

Current Medications? \_\_\_\_\_

Do you now or have you ever taken bisphosphonates, including, Fosamax, Didronel, Boniva, Aredia, Actonel, Skelid or Zometa? \_\_\_\_\_ If yes, which drug \_\_\_\_\_

Females: Have you started menstruating? \_\_\_\_\_ At what age? \_\_\_\_\_

Have wisdom teeth been extracted? \_\_\_\_\_ Any face, mouth or teeth injuries? \_\_\_\_\_

Does the patient normally breathe through the mouth while awake or asleep? \_\_\_\_\_ Do gums bleed when brushed or flossed? \_\_\_\_\_

Has an orthodontist been consulted previously? \_\_\_\_\_ Have you had previous orthodontic treatment? \_\_\_\_\_

Are there any missing or extra teeth? \_\_\_\_\_ Have the tonsils and adenoids been removed? \_\_\_\_\_

Any other questions? \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship To Patient: \_\_\_\_\_ Date: \_\_\_\_\_



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Wyomissing, PA 19610  
610.374.4097**

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braces@fantasticsmiles.com**

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