John P. Ritota D.D.S
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3401 South Federal Highway
Delray Beach, FL 33483
(561) 272 – 6664
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Established Patient – Dental and Medical History Update

Patient Name:_____ Date of Birth: _____

Contact Information

- Email Address: _____
- Mailing Address: _____
- Phone Number: _____

		IF YES, PLEASE EXPLAIN:
Do you have new dental insurance?	**YES NO**	
Any changes in your dental health since your last visit?	**YES NO**	
Any changes in your medical history since your last visit?	**YES NO**	
Any surgeries/hospitalizations since your last visit?	**YES NO**	
Are you taking any medications? (Prescription and Non-Prescription)	**YES NO**	
Are you allergic to any medications, latex, or iodine?	**YES NO**	
***FEMALES ONLY:* Are you pregnant?**	**YES NO**	

I certify that I have read, and I understand the questions above. I acknowledge that my questions, if any, about the inquiries above have been answered to my satisfaction. I will not hold my doctor, or any other member of their staff, responsible for any errors or omissions that I have made in the completion of this form.

_____ _____

Patient Signature **Date**