



Location: Ocala - Canopy Oak Dental, P.A.

FirstName: jgyi

Middle Name: uiuy

Last Name: uoi

Patient Is: Patient is under another party holder

Responsible Party Name: yo

Preferred Name: rfu

**Responsible Party ( if someone other than the patient )**

Responsible Party First Name: tro

Responsible Party Middle Name: up

Responsible Party Last Name: i[

Responsible Party Address: i[

Responsible Party Address: ik[

Responsible Party City: ik[

Responsible Party State: ui'[op

Responsible Party Zipcode: ]yi

Responsible Party Home Phone: zsxg

Responsible Party Work Phone: iop'p[]

Responsible Party Ext: lou;

Responsible Party DOB: ]

Responsible Party SocSection: op]

Responsible Party Drivers: ][

Policy Holder: Responsible Party is also a Policy Holder for Patient



**Patient Information**

Patient Address: vchk

Patient Alternate Address: kl;

Patient City: 'lp'

Patient State: g

Patient Zip Code: fgvf

Patient Home Phone: g

Patient Work Phone: g

Ext Patient: g

Patient DOB: gg

Patient Soc Section: g

Patient Drivers Lic: g

Patient Age: g

Patient Sex: Female

Patient Marital Status: Married

Patient Email: test@gmail.com

Recieve Email Patient: I would like to receive correspondences via e-mail

**Section 2**

Employment Status: Full Time

Student Status: Full Time

Medical Id: g



Employer Id: h

Carrier Id: h

Pref Dentist: hh

Pref Pharmacy: h

Pref: h

**Section 3**

Referred By: h

Previous Dentist: h

Last Dental Exam: h

Name of Insured: h

Relationship to Insured: Self

Insured Soc. Sec: h

Insured Birth Date: h

Employer: h

Address: h

Address 2: h

City: h

State: h

Zip code: h

Rem Benefits: yu

Rem Deduct: fy

Ins. Company: yi

Address: uk

Address 2: kj



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City: j,kjjkl

State: kj

Zip code: jkk

Rem Benefits: ill

Rem Deduct: ll

### Secondary Insurance Information

Name of Insured: yi

Relationship to Insured: Self

Insured Soc. Sec: llk

Insured Birth Date: jkl

Employer: kkl

Address: ll

Address 2: ll

City: ll

State: ll

Zip code: ll

Rem Benefits: ll

Rem Deduct: ll

Ins. Company: l

Address: l

Address 2: ll

City: l

State: l



Zip code: 11

Rem Benefits: 1

Rem Deduct: 1

**Health problems (Yes/no)**

Are you under a physician's care now?: Yes

Have you ever been hospitalized or had a major operation? : Yes

Have you ever had a serious head or neck injury?: Yes

Are you taking any medications, pills, or drugs?: [drugs]

Do you take, or have you taken, Phen-Fen or Redux?: Yes

Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?: Yes

Are you on special diet?: Yes

Do you use tobacco?: Yes

**Women: Are you.....**

Women: Are you..... : None of the above

ALLERGIC TO ANY OF THE FOLLOWING?: None of above

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**Do you have, or have you had, any of the following?**

AIDS/HIV Positive: Yes

Cortisone Medicine: Yes

Hemophilia: Yes

Radiation Treatments: Yes

Alzheimer's Disease: Yes



Diabetes: Yes

Hepatitis A: Yes

Recent Weight Loss: Yes

Anaphylaxis: Yes

Drug Addiction: Yes

Hepatitis B or C: Yes

Renal Dialysis: Yes

Anemia: Yes

Easily Winded: Yes

Herpes: Yes

Rheumatic Fever: Yes

Angina: Yes

Emphysema: Yes

High Blood Pressure: Yes

Rheumatism: Yes

Arthritis/Gout: Yes

Epilepsy or Seizures: Yes

High Cholesterol: Yes

Scarlet Fever: Yes

Artificial Heart Valve: Yes

Excessive Bleeding : Yes

Hives or Rash : Yes

Shingles: Yes



Artificial Joint: Yes

Excessive Thirst: Yes

Hypoglycemia: Yes

Sickle Cell Disease: Yes

Asthma: Yes

Fainting Spells/Dizziness : Yes

Irregular Heartbeat: Yes

Sinus Trouble : Yes

Blood Disease : Yes

Frequent Cough: Yes

Kidney Problems : Yes

Spina Bifida : Yes

Blood Transfusion: Yes

Frequent Diarrhea : Yes

Leukemia: Yes

Stomach/Intestinal Disease: Yes

Breathing Problems: Yes

Frequent Headaches: Yes

Liver Disease: Yes

Stroke: Yes

Bruise Easily: Yes

Genital Herpes: Yes

Low Blood Pressure: Yes

Swelling of Limbs: Yes

Cancer: Yes



Glaucoma: Yes

Lung Disease: Yes

Thyroid Disease: Yes

Chemotherapy: Yes

Hay Fever: Yes

Mitral Valve Prolapse: Yes

Tonsillitis: Yes

Chest Pains: Yes

Heart Attack/Failure: Yes

Osteoporosis: Yes

Tuberculosis: Yes

Cold Sores/Fever Blisters: Yes

Heart Murmur: Yes

Pain in Jaw Joints: Yes

Tumors or Growths: Yes

Congenital Heart Disorder: Yes

Heart Pacemaker: Yes

Parathyroid Disease: Yes

Ulcers: Yes

Convulsions: Yes

Heart Trouble/Disease: Yes

Psychiatric Care: Yes

Venereal Disease: Yes

Have you ever had any serious illness not listed: Yes





If Yes: rfh

Have you ever been hospitalized or had a major operation?: Yes

If Yes: j

Are you taking any medications,pills,or drugs?: Yes

If Yes: fgujk

Do you use controlled sustances?: Yes

If Yes:: kk

Comment: k

Date: 2022-05-05

## OFFICE POLICY AGREEMENT

### Step 2

Agreement Name: gv

Agreement Phone: 1236547890

Relationship: Child

Agreement date: 2022-05-05

Insurance Name: oo

Print Patient Name: 7i

Parent/Legal Guardian: uo

minorPatientDate: 2022-05-20

Patient Date: 2022-05-07



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Agreement Date: [agreementDate]

Patient Signature:

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

#### Step 3

Acknowledgement Name: thytyu

Acknowledgement Date: 2022-06-03

Discloser Name : [disclosename]

Discloser Past Name : iu

Disclose Name: [disclosename]

Disclose Past Name: iu

Medication Name: u

Medication Past 2: [medication-name2]

Disclose Print Name: i

Disclose Print Date : 2022-06-08

Disclose Print Name 2 : tyii

Disclose Print Date 2: 2022-05-05

Parent Guardian date: 2022-05-13

respiratory droplets: lol

The attributes of the virus: '



Symptoms of COVID-19 : h

Reduce the spread of COVID-19: h

Print Patient's (or Legal Guardian's) Name/Relationship: tfj

Patient's (or Legal Guardian's) Date : 2022-05-06

Patient's (or Legal Guardian's) Signature:

Patient's (or Legal Guardian's) Date : [patinetsDate]

Covid Consent Name : op

Covid Consent Cell Phone: 1478523690

Covid Consent Email : test@gmail.com

Bisphosphonate Yes/No: YES, I am on a bisphosphonate or have taken one in the past.

Covid Consent Date : 2022-05-14

#### Step 4

#### Membership Terms

Member Name Printed: wqr

Member Date: 2022-05-31