



Patient Information

Patient Name _____ Age (____) Birthdate _____

Nickname/ likes to be called _____ School: _____ Sex: M F

If patient is a minor, name of person(s) with patient at exam _____ Relationship _____

Has Patient or family member been to our office before regarding orthodontics? Y N If yes, who? _____

Has Patient seen another Orthodontist ? _____ If yes, who? _____ When? _____

Whom may we thank for referring you to our office? _____

Emergency Contact Information:

Name of nearest relative not living with you: _____ Relationship _____

Address _____ Contact Phone # _____

Medical/Dental History

Family Physician _____

Is patient under the care of a Physician? _____ If Yes, for what? _____

List medication being taken _____ For what? _____

List allergies to any medications _____

Has the patient been diagnosed or treated for any of the following? (Circle all that apply)

Rheumatic Fever	Blood Disorders	Lung Disorders	Bone Disorders
Heart Disease	Anemia	Tuberculosis	Arthritis
Abnormal Blood Pressure	Hepatitis	Asthma	Diabetes
Heart Murmur	AIDS/HIV Pos.	Seizures	Other _____

Dentist _____ Address _____

Phone _____ Last Visit _____ Any dental work left to be done? Yes/No If Yes, What? _____

Does the patient require PRE-medication before dental procedures? YES NO

Has the patient ever taken medication for their bones? YES NO

Does the patient have a latex allergy? Nickel allergy? YES NO

Does the patient have a persistent thumb or finger habit? YES NO

Is the patient a mouth-breather (versus breathing primarily through the nose)? YES NO

Does the patient have difficulty breathing through their nose? YES NO

Does the patient have sleep apnea? YES NO

Has the patient ever had their tonsils and/or adenoids removed? YES NO

Does the patient vomit, gag, or faint easily? YES NO

Does the patient experience frequent headaches or neck aches? YES NO SOMETIMES

Does the patient grind or clench their teeth? YES NO SOMETIMES

Has the patient experienced any pain, popping, or locking of the jaw? YES NO SOMETIMES

Has the patient ever experienced trauma to their jaw or teeth? YES NO WHEN ? _____

Has the patient been treated or recommended treatment for periodontal disease? YES NO WHEN ? _____

Have we treated any other family members? If yes, who? YES NO WHO ? _____

Is Patient/Parent aware that appointments will infringe on work/school? YES NO

I understand the information that I have provided is correct to the best of my knowledge, that it will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical or dental status.

Signature _____

Date _____

Doctor Signature _____

Date _____



Confidential Responsible Party Information

Responsible Party Name:	_____	Marital Status	_____
	Last First Middle		
Residence	_____		
	Street City State Zip		
Mailing Address	_____		
	Street City State Zip		
How Long at this address?	_____	Hm Phone	_____
		Wk Phone	_____
		Cell	_____
Previous Address (if less than 3 yrs.)	_____		
	Street City State Zip		
Social Security #	_____	Birthdate	_____
		Relationship to Patient	_____
Employer	_____	Occupation	_____
		No. Yrs Employed	_____
Spouse Name	_____	Relationship to Patient	_____
	Last First Middle		
Employer	_____	Occupation	_____
		No. Yrs Employed	_____
Social Security #	_____	Birthdate	_____
		Hm Phone	_____
		Wk Phone	_____

Confidential Patient Information

Patient Name	_____	Birthdate	_____
	First Last Middle		
Address (if different)	_____		
	Street City State Zip		
Hm Phone (if different)	_____	Social Security #	_____
Patient Email	_____	Responsible Party Email	_____

Orthodontic Insurance Information

<u>Primary Dental Insurance</u>	
Policy Holder's Name	_____ ID# or SS# _____
Employer	_____ Group # _____ Birthdate _____
Insurance Company	_____ Phone _____
Billing Claims Address	_____
<u>Secondary Dental Insurance</u>	
Policy Holder's Name	_____ ID# or SS# _____
Employer	_____ Group # _____ Birthdate _____
Insurance Company	_____ Phone _____
Billing Claims Address	_____

** I understand that where appropriate, credit bureau reports may be obtained by the office of Dr. C. Chris Murphy*

Signature (Parent's signature if minor) _____ Date _____

OFFICE LOCATIONS

CITY NORTH Location on High Street

5355 E High St. Suite 105, Phoenix, AZ 85054

Phone 602-482-0022

- We are located off of Deer Valley Dr. and 54th Street. approximately 1 mile NORTH of the 101 Freeway and just EAST of Desert Ridge Marketplace
We are on High Street. (just EAST of **Kona Grill**)
- We are the between **Aspire Salon** and **Me The Artist**

GOODYEAR Location

13210 W. Van Buren Ave #106, Goodyear, AZ 85338

Phone 623-932-9212

- We are located off Dysart Rd. approximately 1 mile SOUTH of the I-10 Freeway
- We are on Van Buren St. about 200 yards WEST of Dysart
- We are in the tan office building on the NORTH side of the street

Directions between offices

GOODYEAR TO SCOTTSDALE

Route # 1

- Take I-10 EAST to SR-51
- Take SR-51 NORTH to the 101 EAST
- Exit 101 (EAST)
- Proceed 101 EAST to Tatum Exit
- Exit on Tatum turn Left (NORTH)
- North on Tatum, turn right on Deer Valley to 53rd St
- Turn right on 53rd St and proceed about 1 block to HIGH street turn left
- We are on the SOUTH side of High Street by Aspire Salon

Alternate route # 2

- Take I-10 EAST to the 101 freeway
- Take the 101 NORTH and continue about 26 miles to Tatum Blvd exit
- Turn left /Exit the 101 on Tatum (NORTH)
- Proceed NORTH to Deer Valley Dr
- Turn right (EAST) on Deer Valley and proceed about a ½ mile to 53rd Street
- Turn RIGHT on 53rd St proceed about 200 yards to High Street and turn LEFT proceed about 200 yards we are on the right

CITY NORTH TO GOODYEAR

Route # 1

- Take the 101 West to the SR 51 SOUTH about 11 miles to the I-10
- Take the I-10 WEST about 18 miles to Dysart Rd
- Turn left (SOUTH) on Dysart and proceed 1 mile to Van Buren
- Turn right (WEST) on Van Buren and proceed about 200 yards
- We are in the tan office building on the NORTH side of the street

Alternate route # 2

- Take the 101 WEST about 26 miles to the I-10 freeway
- Take the I-10 WEST about 4 miles to Dysart Rd
- Turn left (SOUTH) on Dysart and proceed 1 mile to Van Buren
- Turn right (WEST) on Van Buren and proceed about 200 yards
- We are in the tan office building on the NORTH side of the street

WELCOME TO OUR OFFICE

**We would love to get to know you better!
If you would, please take a moment
to answer the questions below.
Thanks!!!**

What nickname do you like to be called? _____

Where were you born?_____

Have you lived anywhere else? Where?_____

Do you have any brothers or sisters?_____

If yes, what are their names and ages?_____

Do you have any pets? If so, what types?_____

What are your hobbies?_____

Names of family or friends that come to our office_____

Is there anything special you'd like for us to know?_____



\$\$ MURPHY MONEY \$\$

You can earn up to 4 *Murphy Money* tokens per regularly scheduled appointment. You can earn these based on:

- | | |
|---|---------|
| 1 – If you receive an “A” on brushing and oral hygiene | 1 token |
| 2 – If you are on time for your appointment | 1 token |
| 3 – If no brackets or bands are loose or broken | 1 token |
| 4 – If you show excellent rubber band, headgear, appliance wear | 1 token |

EARN EXTRA MURPHY MONEY!

- * Earn additional *Murphy Money* for every “A” on your report Card in your major subjects!
- * Earn additional *Murphy Money* every time you get a cleaning at the dentist, just remember to bring in your Dental Cleaning Card !!
- * Earn 1 token when you wear your Murphy Shirt!
- * **Grab as much *Murphy Money* as you can in one handful for each friend (not brother or sister) YOU refer to our office that begins treatment !!**

You will have the opportunity to cash in your *Murphy Money* tokens for various prizes:

- | | |
|-----------|---|
| 3 tokens | Your choice of:
One item from the toy chest |
| 16 tokens | Your choice of:
\$5 gift certificate to Jamba Juice or Starbucks |
| 35 tokens | Your choice of:
\$10 gift certificate to Harkins Theatres or Blockbuster |
| 50 tokens | Your choice of:
\$15 gift certificate to iTunes |
| 65 tokens | Your choice of: |

\$20 gift certificate to Toys R Us or Best Buy