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Marvin G Clothier DDS,PA
611 N Broadway, Suite B
Pittsburg, KS 66762

620-231-4140

Patient Name:

Last

First

MI

Gender: ☐ Male ☐ Female

Family Status: ☐ Married ☐ Single ☐ child

Birth Date:

Patient S S #

Home Phone:

Patient Cell:

Other cell
(name)

Address:

Email

Address:

Patient's Employer Name:

Work

Phone:

Spouse /Parent /Gardian Name:

Employer of person listed above :

Work

Phone:

How did you hear about our office? _____

Check the box will indicate that your response is yes to the condition.

☐ Allergy, **Latex**

☐ Allergy, Penicillin

☐ Allergy, Amoxicillin

☐ Allergy, Hydrocodone

☐ Allergy, Codeine

☐ Allergy, Iodine

☐ Other Allergies: _____

☐ Heart Murmur

☐ Stints

☐ Mitral Valve Prolapse

☐ Artificial Heart Valve

☐ Cardiac Pace Maker

☐ Joint Replacement

☐ High Blood Pressure

☐ Other Condition: _____

☐ Smoker

☐ Pregnant

☐ Diabetes

☐ Hepatitis

☐ HIV / AIDS

☐ Osteoporosis Medicine

☐ Oral _____

☐ Injection _____

☐ Corneal Implants

List all medications you are currently taking: _____

I certify that all information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____