Levy Dental Arts: Dr. Uri Levy, DMD
119 W 57th St. Suite 801, New York, NY 10019
(212) 751-5448

Date

NAME: (Last) (First) (Middle)

ADDRESS PHONE/CELL

BUSINESS ADDRESS WORK PHONE/CELL

DATE OF BIRTH | SEX | HEIGHT | WEIGHT | OCCUPATION

MARITAL STATUS: SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ (Please Check)

EMAIL ADDRESS

SPOUSE'S NAME

SOCIAL SECURITY NUMBER

TYPE OF INSURANCE (If Applicable)

PHARMACY NAME/ ADDRESS

REFERRED BY

PHARMACY PHONE NUMBER

MEDICAL HEALTH

General Health (Please Check): EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR ☐

Name and address of physician

Last complete physical

Are you taking any medication now? YES ☐ NO ☐ For what purpose?

Have you ever been treated for?

Heart disease	YES ☐	NO ☐		Heart murmur	YES ☐	NO ☐	
Rheumatic fever	YES ☐	NO ☐		Jaundice	YES ☐	NO ☐	
Abnormal blood pressure	YES ☐	NO ☐		Asthma or hay fever	YES ☐	NO ☐	
Ulcers	YES ☐	NO ☐		Sinus trouble	YES ☐	NO ☐	
Tuberculosis or Lung disease	YES ☐	NO ☐		Cough	YES ☐	NO ☐	
Diabetes	YES ☐	NO ☐		Hepatitis	YES ☐	NO ☐	
Epilepsy	YES ☐	NO ☐		Arthritis	YES ☐	NO ☐	
Anemia	YES ☐	NO ☐		Stroke	YES ☐	NO ☐	
Congenital heart lesions	YES ☐	NO ☐		Glaucoma	YES ☐	NO ☐	
Aids	YES ☐	NO ☐		HIV virus	YES ☐	NO ☐	

Have you ever been treated (other than diagnostic) with x-ray? YES ☐ NO ☐

Are you allergic to: Penicillin Codeine Local injected anesthetics Other medications

Are you subject to prolonged bleeding?

Are you subject to fainting spells?

Do you have excessive urination and/or thirst?

(Women) Are you pregnant? YES ☐ NO ☐ How long?

Signature