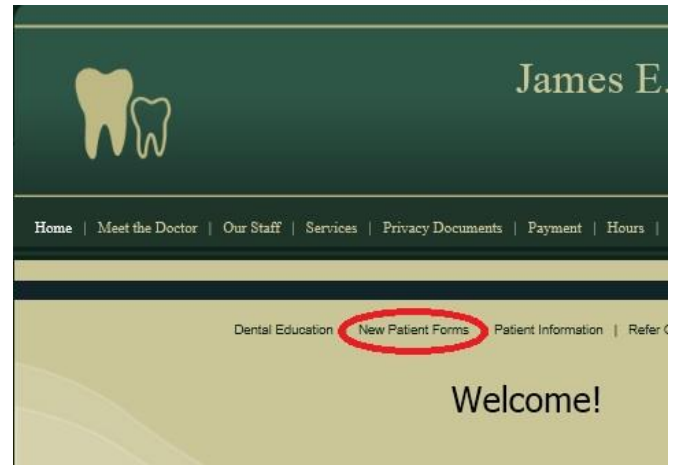


# FILLING OUT ONLINE FORMS



① From our website at [JamesCorningDDS.com](http://JamesCorningDDS.com), and on the **HOME** tab, click on “**New Patient Forms.**”

### New Patient Forms Sign In

We are delighted to welcome you to our practice and are happy that you chose us to serve your dental needs. Look for the "Online Form Tutorial" if you have questions about filling out your forms.

**Personal Information**

First Name\*      MI      Last Name\*

Appointment Date\*

By clicking the Submit button you agree to the Ident.com [terms and conditions](#)

\*Required fields

Submit

② Enter your **name, appointment date,** read the *terms and conditions* if you wish, then click on **Submit.**

③ You will see that there are **FOUR** different forms listed.

If you are an **established patient** and simply need to update your medical history, click on “**-Health History-**”, fill out the form, submit it, and you are done!

**New patients** to our office will need to fill out all 4 forms.

### New Patient Forms

We are delighted to welcome you to our practice and are happy that you chose us to serve your dental needs.

**Patient Forms**

- [-Health History-](#)
- [Consent for Internet Communication](#)
- [HIPAA 2013 & Pt Communication](#)
- [New Patient Information.](#)

All forms that are submitted before this window is closed will be for S S. If this window is closed and then reopened, subsequent submissions will be treated as if they are for a different patient.

Close



**NAVIGATION ARROWS**  
(top and bottom) allow you to travel from page to page.

### Patient Health History

Patient Name:      
Last First MI Preferred Name

Address:    
    
City State Zip Code

Phone:       
Home Work Ext Mobile Best time to call:

E-mail address:

Please list any **SERIOUS ILLNESSES, HOSPITALIZATIONS, or SURGERIES** you have had in the **LAST YEAR** (or since we saw you last), along with approximate dates.

Do you take pre-medication (antibiotic) before dental appointments for:

A HEART CONDITION?  ARTIFICIAL JOINTS?  OTHER?

Do you take any medications for:

THINNING THE BLOOD?  OSTEOPOROSIS OR OSTEOPENIA?

Please list your current **PRESCRIPTION MEDICATIONS**, separating each medication with a comma.

Please list any **OVER-THE-COUNTER MEDICATIONS** you take.

Page 1 of 3

**PLEASE READ FORM CAREFULLY AND ANSWER EACH QUESTION BY TYPING YOUR ANSWERS OR CLICKING ON THE APPROPRIATE BOX.**

Make sure you fill out all required pages.



Click on **SUBMIT** when you've finished all pages.

Repeat this process for each of the forms you need to fill out, and you are done!

We'll look forward to seeing you at your appointment, where we will review these forms, make any changes you desire, and have you sign them electronically.

**Thank you!**