# DMD Patient Scheduling Form- (must be returned to office for scheduling)

**E-mail= directmobiledentistry@gmail.com Phone: 770-883-6868 FAX: 770-393-9757**

1. Community: _____ Date of Visit: _____
2. Patient Name: _____(include middle initial) Room # _____
3. Patient's Date of Birth (DOB): _____
4. Responsible Party: (Financial Power of Attorney- POA) Name: _____
5. Relation to Patient: _____
6. Billing Address of Financial POA to send statement: _____
7. Credit Card # (Visa MC Disco Am/Ex) _____Exp:_____CVV:_____
   ***A 3% finance charge is applied when using credit cards***
8. The best phone number for Dr. Cohen to reach POA during the appointment: (H) (W) (C)_____
9. Alternate Number if we cannot reach you at first number: (H) (W) (C ) _____
10. Allergies: _____
    (Ex: Latex, Penicillin, Mycins, Sulfa, Anesthetic, etc.….)
11. Any Joint replacements? (Knee,Hip,Shoulder) or (pins,plates,rods)?_____Date of Surgery_____
12. Any of the following: Heart Murmur, Pacemaker, Atrial Fibrillation (A-Fib), Mitral Valve Prolapse (MVP) Heart Valve Replacement, or Congestive Heart Failure (CHF)?_____ Date:_____
13. Any Strokes or Seizures?_____ Date:_____
14. Any Stents, Ports, or Heart Bypass Surgery? _____ Date of Surgery:_____
15. On Blood Thinners? _____(Ex: Coumadin, Plavix, Warfarin, Eliquis, Pradaxa, Xarelto, etc.…)
16. Take daily Aspirin? _____ if so, is it 81mg or 325mg ? _____
17. Diabetic? _____ Insulin or Non-Insulin Dependent? _____
18. Has patient tested positive for COVID-19? Date: _____
19. Does Patient have his/her own teeth or partials and dentures? _____

**The fees are: Comprehensive exam and cleaning of Teeth (and partials) is $179**
**Exam and Cleaning for a patient with full U/L Dentures is $79**
**Exam only is $75.**
**New partial/denture is $1545.**

Signature of Responsible Party: _____ Date: _____