

# Gorgeous Smiles

Please fill the form pre-treatment to allow us care for you in the best way. All details provided will be kept confidential.

Title: Miss  Ms  Mrs  Mr  Dr  Other: .....

Surname: ..... First Name.....

Preferred Name..... Date of Birth.....

Mobile Number..... Home Phone.....

Home Address.....Suburb.....

Postcode.....E-Mail.....

Please Tick the box if you do not wish to receive any news or promotions from us via email.

## Emergency Contact:

Name.....Phone Number.....

Relation to you.....

## Business contact:

Occupation.....Work Phone Number.....

Work Address.....Business Name.....

## Medical Information:

Please indicate if you have had any of the following conditions:

Rheumatic Fever	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Angina	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Asthma:	<input type="checkbox"/>	Heart Ailment	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	AIDS (HIV)	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>
Diabetes:	<input type="checkbox"/>	Excessive Bleeding	<input type="checkbox"/>	Anemia	<input type="checkbox"/>

Kidney Disease:

Arthritis

Do you have private health insurance? Which Fund?.....

Do You Smoke?.....

Please specify any allergies you might have.....

Do you take any medication? Please mention.....

Have you ever taken medication for Osteoponeia or Osteoporosis?.....

Have you ever had any adverse reactions to any treatments or medications?.....

Have you had radiation treatment to the head or neck? .....

Do you have any prosthetic body parts or artificial heart valve?.....

For Ladies: Are you pregnant or planning to get pregnant soon?.....

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*I have read and agree with Gorgeous Smiles terms and conditions.*

*I acknowledge that the payment is required on the day of the treatment.*

*Cancellations later than 48 hours before the booking might result in cancellation fee being applied.*

*My Preferred Method of Payment:*

Cash  Master/Debit Card  HICAPS

*Signature.....Date.....*