

Aspire Implant Dentistry Center  
Anthony M. Di Cesare, DDS

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Toms River, NJ 08755

732-994-1061

[www.aspiresmiles.com](http://www.aspiresmiles.com)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Whom may we thank for referring you to our office? \_\_\_\_\_  
Name of your General Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
When Last seen? \_\_\_\_\_ For what reason? \_\_\_\_\_  
If you are completing this form for another person, what is your relationship? \_\_\_\_\_

In the following questions mark yes or no, whichever applies. Your answers are for our records only and are confidential.

**Yes No**

- Are you in good health?
- Has there been any change in your health history in the last year?  
My last physical exam was on? \_\_\_\_\_
- Are you now under the care of a physician?  
If so, what condition is being treated?  
Name and Address of your physician: \_\_\_\_\_  
\_\_\_\_\_
- Have you had a serious illness or operation?  
If so, what was the problem? \_\_\_\_\_
- Are you currently taking any medications or non prescription medications?  
If so, what prescriptions are you taking? \_\_\_\_\_
- Over the counter? \_\_\_\_\_
- Herbal or Natural? \_\_\_\_\_
- Are you alcohol or drug dependent?  
If so, have you received treatment?
- Do you use tobacco (smoking, snuff, chew?)  
If so, what interest do you have in quitting?  **Very interested**  **Somewhat**  **Not interested**
- Do you wear contact lenses?
- Have you had orthopedic total joint (hip,knee,elbow,shoulder) replacement?  
If so, date of operation \_\_\_\_\_
- Have you had any complications or difficulties with prosthetic joint?
- Has a physician or dentist recommended that you take an antibiotic prior to dental work?
- (Women only)** Are you pregnant?
- Nursing?
- Taking birth control pills?