



Shawn Taheri, DDS, MS
 Cahalan Dental Center
 704 Blossom Hill Road, Suite 104
 San Jose, CA 95123
 Phone: **408-226-0323**
 Email: info@taheridds.com
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General Patient Information

Child's Name	First	Middle	Last	Adopted?	Yes	No
Home Address			City	Zip		
How Long?	Telephone		Cell Phone	Email		
School		Grade	Birth Date	Age		
Names of Siblings						
Previous Dentist				Date of Last Dental Treatment		
Child's Physician		How Long?		Telephone		
Physician's Address			City	Zip		
Referred Here By				Telephone		
Reason of Visit						

Medical and Dental Information

Is/does/has your child:

	Yes	No	
A. Have any medical problem and being treated presently?			By Whom?
B. Taking any medication, including fluoride?			What?
C. An unusually slow learner?			
D. Received regular immunizations?			
E. Have a history of frequent colds, bronchitis, pneumonia, ear infections or asthma?			
F. Have hearing, speech, visual or breathing difficulties?			
G. Have a history of heart trouble, rheumatic fever, murmur strep infection, scarlet fever, diabetes, tuberculosis, kidney or liver involvement, or other chronic and recurrent condition?			
H. Have history of anemia, bleeding disorders or episode?			
I. Have suspected brain damage, convulsions, epilepsy, paralysis, cerebral or spastic condition?			
J. Allergic to any food or medicine or rubber products?			
K. Experienced unfavorable dental or medical visits?			
L. Have history of, or been exposed to hepatitis?			
M. Been hospitalized? Why?			When?
N. Have family history of diabetes, epilepsy, bleeding disorders, allergies or any hereditary type disease?			
O. Please list child's past medications:			

Parent/Guardian Information

Father/Guardian	First	Middle	Last	Mother/Guardian	First	Middle	Last
Address				Address			
Home Phone				Home Phone			
Work Phone				Work Phone			
Occupation				Occupation			
Employed By				Employed By			
Social Security #				Social Security #			
Birth date				Birth date			
Marital Status				Marital Status			
Drivers License #				Drivers License #			
Do you have dental insurance for minor/child?	Yes	No		Do you have dental insurance for minor/child?	Yes	No	
Plan Name				Plan Name			
Phone Number				Phone Number			
Address				Address			
Group #		Policy #		Group #		Policy #	
Personal responsible for child's account							
To whom (other than parents) may we notify in case of emergency?					Telephone		
Nearest Relative					Telephone		



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Financial Policies

- A. Patients without Dental Insurance:
1. The fees for dental treatment are due at time of service.
- B. Patients with Dental Insurance (Third Party Payment):
1. Patients who carry dental coverage should *recognize* that all professional services are charged directly to them and *they are responsible for payment*. We only prepare necessary reports or forms to speed up collection of your claim.
 2. Your estimated portion, not covered by the insurance policy, is to be paid at the time of treatment (your estimated patient portion may be different from the actual patient portion depending on your insurance coverage and/or change in treatment plan). Most misunderstandings about insurance can be avoided if you understand what your policy provides. Our office has not contract with your insurance company.
 3. **In the event that an account were turned over to a collection agency, patients would be responsible for fees charged by said agency.**
 4. There will be an 18% annual finance charge (1.5% per month) or minimum of \$10.00 added to all overdue accounts.

Consent for Dental Treatments On a Minor Patient

Child's Name

I, being the parent (or legal guardian) of said minor patient, do hereby authorize and request the performance of dental treatments on the person of the above-named patient, as dictated by the demands of his/her dental condition at the moment of performance of such service in accordance with judgment of Shawn Taheri, D.D.S., M.S. or Roya Naderi, D.D.S.

I do also authorize and request the administration of such anesthetics, and/or relative analgesia, sedatives or medications as may be deemed or advisable by Shawn Taheri, D.D.S., M.S. or Roya Naderi, D.D.S.

Signed

(Signature of Parent or Legal Guardian)

Date

E-mail Address

There is a \$60 charge for broken appointments without 48 hour notice.

We thank you for visiting our office and entrusting your loved ones to our care.