



DENTAL DESIGN SUITE INC
Advanced Cosmetic & Restorative Dentistry · TMJ Disorders
1885 MAIN STREET · SUITE 203 · WAILUKU, HAWAII 96793 · 808-242-7007
miyamotodds@hawaii.rr.com · mymauidentist.com

Michael R. Miyamoto, DDS

Registration Form

Please fill out accurately and completely. The confidential information requested is important for your treatment and insurance claim. If there is anything else we need to know, please tell us.

PATIENT INFORMATION

Patient Name: Gender: Date of Birth:

Home Address:

Mailing Address:

E-mail Address: Best way to contact:

Phone: Home Cell Work

Employed By: Occupation:

Best appt days and times: Social Security #:

1-Dental Insurance and #: Subscriber Name:

2-Dental Insurance and #: Subscriber Name:

Relative/Friend NOT living with you:

Phone: Relationship:

How were you referred to our office / How did you hear about us?

SPOUSE/PARTNER INFORMATION

Spouse/Partner Name: Date of Birth:

Employed By: Occupation:

Phone: Cell Work

(OVER)



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MEDICAL INFORMATION

Patient's Name: _____

Physician's Name (Medical): _____ Phone: _____

For each section, please...

- 1.) CHECK/CIRCLE all of the following that apply (or if none, check "No identified disorders")
2.) DESCRIBE any other conditions not mentioned
3.) LIST any medications NEXT to that condition

PRE-MEDICATION (antibiotic) prescribed by Medical Doctor
Preventative antibiotics due to history of heart surgery, joint replacement, and/or endocarditis.

Heart (Cardiovascular) - List medications taking

- High or low blood pressure
Heart surgery / implanted devices (i.e. pacemaker, defibrillator, stent, valve)
Heart attack / congestive heart failure
Heart murmur / mitral valve prolapse
Congenital heart defect / disease
History of endocarditis
Heart palpitations / arrhythmias / murmur / atrial fibrillation
Chest pain / angina
Other conditions:
NO IDENTIFIED DISORDERS

Muscles, Bones (Musculoskeletal) - List medications taking

- Artificial joints / joint replacement
Osteoporosis / bisphosphonate medication (i.e. Fosamax, Actonel)
Arthritis, painful or swollen joints, rheumatism
Fibromyalgia / muscular dystrophy
Other conditions:
NO IDENTIFIED DISORDERS

Brain, Behavior (Neurological) - List medications taking

- Headaches / migraines
Stroke (date:)
Anxiety / depression
ADD / ADHD
Multiple sclerosis / epilepsy / cerebral palsy
Alzheimer's / dementia
Bipolar / schizophrenia
Alcohol / tobacco / substance abuse
Other conditions:
NO IDENTIFIED DISORDERS



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Digestive, Excretory (Genitourinary, Gastrointestinal) – List medications taking

- Hepatitis A, B, or C / jaundice
Liver disease / cirrhosis
Kidney disease / failure / dialysis
History of reflux / GERD / peptic ulcers
Difficulty or painful swallowing / gagging
Sexually transmitted diseases
Prostate disease
Pregnant / possibly pregnant / nursing (due date:)
Taking birth control pills / patch
Other conditions:

NO IDENTIFIED DISORDERS

Blood, Lymph, Immune (Hematologic, Lymphatic, Immune) – List medications taking

- High cholesterol
HIV / AIDS
Anticoagulants / blood thinners (i.e. Aspirin, Plavix, Coumadin) / abnormal bleeding
Anemia
Prolonged bleeding / bruise easily
Leukemia
Lupus / Sjogren's syndrome
Other conditions:

NO IDENTIFIED DISORDERS

Hormones (Endocrine) – List medications taking

- Diabetes Type 1 or 2 (circle)
Hyper (overactive) or Hypo (underactive) Thyroid
Gland disease – adrenal / pituitary / persistent swollen glands
Other conditions:

NO IDENTIFIED DISORDERS

Head, Eyes, Ear, Neck, Throat (HEENT) – List medications taking or devices using

- Temporomandibular joint disorder (TMD)
Snoring / sleep apnea
Dry mouth / dry eyes
Hearing loss
Cold sore / fever blisters / Herpes type 1
Eye or vision problems (i.e. glaucoma, cataracts)
Chronic adenoid / tonsil infections
Sinusitis
Other conditions:

NO IDENTIFIED DISORDERS

Lungs (Pulmonary) – List medications taking

- Asthma / emphysema / COPD
Tuberculosis
Other conditions:

NO IDENTIFIED DISORDERS

