



Kelly E. Morgan DMD, MS
Specialist in Orthodontics
and Dentofacial Orthopedics
www.morganorthodontics.com

19420 Golf Vista Plaza, Suite 120
Lansdowne, VA 20176
T: 703.723.5900 F: 703.723.5592
E: dr@morganorthodontics.com

Team Custom Mouthguards

Date

PATIENT INFORMATION

Patient's Full Name Date of Birth Age Sex
Address City/State Zip Code
Home Phone School
Email
Names of Brothers and Sisters
Hobbies and Interests Sporting Activities
Names of friends or relatives who were former patients
If patient is a minor, give parent's name or guardian's name
Whom may we thank for referring you to our office?
Patient's Dentist Patient's Physician

RESPONSIBLE PARTY INFORMATION (for patients under the age of 18)

Father
Mailing Address
Home Phone Work Phone Cell Phone Date of Birth
Employer Occupation
Please Circle - Parents are: Married Separated Divorced Widowed Never Married

Mother
Mailing Address
Home Phone Work Phone Cell Phone Date of Birth
Employer Occupation

DENTAL HISTORY

Does patient receive regular dental checkups? YES NO
Last dental exam Last dental x-rays
Has patient received any previous orthodontic consultation or treatment?
How often does patient brush their teeth? Is floss used? How often?
Does the patient currently have, or has the patient ever had any of the following?
Y N Periodontal disease
Y N Gum surgery
Y N Root canals, crowns or bridges

Y N Any clicking, popping or pain of jaw, joints (TMJ)
Y N Any missing or extra teeth
Y N Trouble chewing
Y N Any past facial or mouth injuries? What? _____

What are you or your Dentist most concerned about? (Purpose of visit) _____

Y N Thumb sucking / until age _____ Y N Finger sucking / until age _____
Y N Nail biting Y N Mouth breather Y N Mouth breather
Y N Grinding of Teeth

Other habits _____

Has patient ever had any speech therapy? _____

List any musical wind instruments played _____

HEALTH HISTORY

Has patient been under the care of a physician during the past two years? (other than routine checks) Y N

If yes, what for? _____

Is patient currently taking medications? _____

Is patient allergic to anything (drugs, food, pollen, etc.)? _____

Does the patient currently have, or has the patient ever had any of the following?

Y N Tonsils Removed	Y N Epilepsy / Seizures	Y N Nasal airway problems
Y N Adenoids removed	Y N Asthma	Y N Sinus problems
Y N Heart Problems	Y N Bleeding problems	Y N Speech problems
Y N Diabetes	Y N High Blood Pressure	Y N Arthritis
Y N Anemia	Y N Immune Disorders	Y N Tobacco usage
Y N Pneumonia	Y N Lung Problems	Y N Respiratory problems
Y N Hepatitis	Y N Tuberculosis	

Does the patient have any special problems not listed above? _____

Mouth Guards are essential in the initial protection of oral preservation while engaging in sports activities. Wearing a mouth guard significantly reduces Dental trauma BUT DOES NOT guarantee that it cannot still occur. Morgan Orthodontics is not responsible for any injuries that may occur while wearing or not wearing mouthguard.

Complimentary first mouth guard provided by Morgan Orthodontics, any and all replacements made by office will include a lab fee and processing fee of \$399.00.

Initial _____