



Millis Dental Care PC

Sarah Alaaraji, DMD

840 Main Street ▪ Suite 112 ▪ Millis, MA 02054 ▪ (508) 376-8996
Office@dentalcareofmillis.com ▪ www.millisdentalcare.com

PATIENT INFORMATION & MEDICAL HISTORY UPDATE FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE NUMBER HOME _____ CELL/MOBILE _____

EMAIL ADDRESS _____

INSURANCE

Primary _____

Secondary _____

PLEASE LIST ANY CHANGES IN YOUR MEDICAL HISTORY SINCE YOUR LAST VISIT

PRINT NAME _____

SIGNATURE (PATIENT OR PARENT/ GUARDIAN OF PATIENT'S UNDER AGE OF 18)

DATE _____

OFFICE USE:

DOCTOR SIGNATURE _____ DATE _____

