



**EMPOWER DENTAL**  
Rebecca Orsini, D.M.D.

MEDICAL ALERTS:

DOCTORS NOTES:

NO CHANGE	DATE	B.P.	PATIENT INITIALS	DR./STAFF INITIALS

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND CORRECT. I UNDERSTAND THAT IS MY RESPONSIBILITY TO INFORM MY DOCTOR IF I, OR MY MINOR CHILD, EVER HAVE A CHANGE IN HEALTH.

\*\*\*\*\* PATIENT / GUARDIAN SIGNATURE

DATE

PLEASE PRINT NAME

RELATIONSHIP TO PATIENT

DOCTOR SIGNATURE

DATE