



Andrew Johnson, DDS
Healthy Smiles Start Here!
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Medical History and Demographic UPDATE

Please print in ink.

Patient(s) Name(s): _____

There have been no changes in my child's medical history since their initial exam.

Changes in my child's medical history are as follows:

Please list any medications that your child is taking:

NONE

Does your child have any drug allergies?

NO

YES, please list: _____

Demographics update:

Address: _____

City/State/Zip: _____

Best Phone #: _____

Is your insurance the same? Yes No

YES, Please send me email and/or text message reminders about my child's appointment

Email Address: _____ **phone # to text:** _____

Fax: 704.749.5701