



Patient Bill of Rights:

- You have the right to be treated with respect, consideration, and dignity by doctors and team members in this dental practice.
- You have the right to privacy as it relates to your patient information and dental care. Patients shall be assured confidential handling of their dental and financial records and may approve or refuse their release, except when required by law.
- You have the right, to the degree known, to receive information regarding your dental diagnosis, treatment, prognosis, alternatives, associated risks, and the expected cost sufficient to assure an informed choice.
- You have the right to refuse participation in scientific research.
- You have the right to change dentists within the practice or transfer to another Park Dental location.
- You have the right to be informed of the wide range of dental services available to you.
- You have the right to after-hours and emergency care should the need arise.
- You have the right to be informed of the payment/financial policy.
- You have the right to express grievances or make suggestions by submitting them in writing to:

Park Dental
2200 County Road C West, Suite 2210
Roseville, MN 55113

Patient Rights and Responsibilities:

Patients have the responsibility to:

- Be considerate of the privacy and rights of other patients and be respectful of the doctors and team members.
- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Follow the treatment plan prescribed by his/her provider for you and/or your children, and participate in his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Notify Park Dental at least 24 hours in advance if unable to keep scheduled appointment(s).
- Understand and ask questions regarding treatment.
- Continue care with recommended appointments and follow through with after care instructions.

If you have questions, please call your dental practice.

Thank you for choosing Park Dental.

Patient Personal Information

Title _____ Nickname _____ Birth Date _____ Age _____
Last, First _____ Marital Status _____ Gender _____
Address _____ Home # _____ Work # _____
_____ Cell # _____ Drive Lic _____
City, State, Zip _____ Student _____ SSN _____
Email _____ School Name _____
_____ How did you hear about our practice? _____
Is patient responsible for paying bills? Yes No

Person responsible/guarantor for paying bills

Title _____ Nickname _____ Birth Date _____ Age _____
Last, First _____ Marital Status _____ Gender _____
Address _____ Home # _____ Work # _____
_____ Cell # _____ Drive Lic _____
City, State, Zip _____ SSN _____
Email _____

Dental Insurance

Do you have **Primary** Dental Insurance? Yes No

Group No./Name _____
Insurance Name _____
Phone # _____
Employer Name _____
Subscriber Last, First _____
Subscriber Address _____
City, State, Zip _____
Relationship to Patient _____
Birth Date _____
Subscriber ID _____

Do you have **Secondary** Dental Insurance? Yes No

Group No./Name _____
Insurance Name _____
Phone # _____
Employer Name _____
Subscriber Last, First _____
Subscriber Address _____
City, State, Zip _____
Relationship to Patient _____
Birth Date _____
Subscriber ID _____

Name: _____ DOB: _____

Medical Alerts

Do You Have the Following:

- Amoxicillin Allergy
- Aspirin or Ibuprofen Allergy
- Augmentin Allergy
- Epinephrine Sensitivity Allergy
- Erythromycin Allergy
- Clindamycin Allergy
- Codeine / Other Pain Killers Allergy
- Iodine Allergy
- Latex or Rubber Product Allergy
- Local Anesthetics Allergy
- Metals Allergy
- Penicillin Allergy
- Sedatives or Barbiturates Allergy
- Sulfa Drugs Allergy
- Other Allergy (list on Medical Questionnaire)

Are You Using the Following

- Antibiotics
- Anticoagulants/Blood Thinners
- Aspirin
- Cortisone/Prednisone
- High Blood Pressure Medication
- Insulin
- Motrin/Aleve/ Ibuprofen
- Oral Anti-Diabetic
- Nitroglycerin

Currently Taking or Ever Taken

- Actonel
- Aredia
- Boniva
- Fosamax
- Prolia
- Reclast
- Zometa
- Other Bisphosphonates

Check, if applicable

- Premedication Needed
- Alcohol/Drug Abuse
- Cancer/Tumor Growth

- Chemotherapy/Radiation
- Communication Issue
- Development Delay
- Learning Problems
- Organ Transplant
- Sensory Integration Disorder
- Wheel Chair

EYE, EAR, NOSE, THROAT PROBLEMS

- Canker Sores
- Cold Sores (Herpes)
- Ear Aches (Otitis)
- Frequently Dry Mouth/Sjogren
- Glaucoma
- Large Tonsils or Adenoids
- Hay Fever/Seasonal Allergies
- Hearing Impaired
- Sinus Trouble
- Vision Loss

HEART PROBLEMS

- Mitral Valve Prolapse
- Angina
- Chest Pain
- Congenital Heart Defects
- Congestive Heart Failure
- Coronary Artery Disease
- Heart Attack
- Heart Surgery
- Heart Damage
- Heart Murmur
- Heart Valve Replacement
- Irregular Heart Beat
- Pacemaker
- Defibrillator
- Rheumatic Fever

LUNG PROBLEMS

- Asthma
- Bronchitis
- Chronic Cough
- COPD

- Emphysema
- Pneumonia
- Reactive Airway Disease
- Shortness of Breath
- Sleep Apnea
- Tuberculosis

VASCULAR/BLOOD PROBLEMS

- Anemia
- Leukemia
- Excessive, Prolonged Bleeding
- High Blood Pressure
- Low Blood Pressure
- Leg Bypass Surgery

GASTROINTESTINAL PROBLEMS

- Acid Reflux
- Cirrhosis
- Colitis
- Crohn's Disease
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hiatal Hernia
- Intestinal Bleeding
- Ulcers

GENITOURINARY PROBLEMS

- Dialysis
- Kidney Disease/Failure
- Urinary Tract Infections

MUSCLE/BONE/SKIN PROBLEMS

- Arthritis
- Artificial Joints
- Back Problems
- History of Skin Problems
- Joint Problems
- Muscle Problems
- Neck Problems
- Osteoporosis

NERVOUS SYSTEM PROBLEMS

- ADD/ADHD

- Alzheimer's Disease
- Anorexia / Bulimia
- Anxiety
- Autism Spectrum Disorder
- Bipolar Disease
- Cerebral Palsy
- Dementia

- Depression
- Epilepsy
- Fainting Spells
- Injury to Head
- Migraines
- Muscular Dystrophy

NUMB AREAS

- Paralysis
- Parkinsons Disease
- Seizures
- Stroke
- Other Psychiatric Condition

ENDOCRINE PROBLEMS

- Diabetes Type 1
- Diabetes Type 2
- Low Blood Sugar
- Thyroid Problems

IMMUNE SYSTEM PROBLEMS

- AIDS/HIV
- Lupus
- Rheumatoid Arthritis

OTHER PROBLEMS

- Jaundice
- Liver Disease
- Measles, Mumps, Chickenpox
- Other Medical Condition

Name: _____ DOB: _____

Dental Questionnaire

1. Name, Address & Phone of Previous/Referring dentist: _____
2. When did you last visit a dentist? _____
3. What was done at that time? _____
4. Why did you leave that dentist? _____
5. Date of your last cleaning _____
6. Date of your last exam _____
7. Date of your last full series of x-rays _____
8. Date of last cavity detection (bitewing) x-rays _____
9. Has any dental treatment been recommended to you that you have not done? Yes; Describe: _____ No
10. Are you aware of any dental problems? Yes; Describe: _____ No
11. What do you feel is the present condition of your mouth? _____
12. Do your gums bleed while brushing or flossing? Yes No
13. Have you ever been treated for gum disease? Yes; what was done: _____ No
14. Are your teeth sensitive to any of the following: Sweet Cold Heat Pressure Nothing
15. Are you happy with the appearance of your smile? Yes No; Explain: _____
16. Are you concerned with bad breath (malodor)? Yes No
17. Are you concerned with snoring or sleep apnea? Yes No
18. Are you concerned with grinding your teeth (bruxism)? Yes No
19. Are you aware of possible TMJ problems (does your jaw make noise or lock up)? Yes No
20. Have you had any injury to your teeth, jaw or face? Yes; Describe: _____ No
21. Do you have dental anxiety? Yes No
22. If yes, is there anything you are aware of that helps alleviate the anxiety? _____

Additional Comments

Is there anything else that would be helpful for your dentist to know? Yes No

Name: _____ DOB: _____

Medical Questionnaire

1. Emergency Contact Name and Phone #: _____
2. Primary Physician Name, Address and Phone: _____
3. Referring Physician Name, Address and Phone: _____
4. Are you in good health? Yes No
5. When was your last physical examination? _____
6. Are you currently under care of a Physician? Yes; Condition: _____ No
7. Have you had any serious illness, operation, accident or been hospitalized? Yes; Describe: _____ No
8. Has there been any change in your general health in the past year? Yes; Describe: _____ No
9. Are you currently taking any medication other than listed earlier, including OTC, vitamins or herbal remedies? Yes; Please provide a list. _____ No
10. Have you had previous problems with general or local anesthesia? Yes; Describe: _____ No
11. Do you have any allergies besides what was listed in the Patient Medical Information Section? Yes; Describe: _____ No

Women Only

12. Are you pregnant or is there a chance you may be pregnant? Yes- Due Date _____ No
13. Are you currently nursing? Yes No

Family/Personal/Social History

14. Mother Healthy? Yes No; Explain: _____
15. Father Healthy? Yes No; Explain: _____
16. Do you now or have you ever used:
 - Tobacco/Chew/e-cigarettes No Yes Frequency _____ Number of years _____ Quit Date _____
 - Alcohol No Yes Frequency _____ Last Drink _____ Quit Date _____
 - Recreational/Street Drugs No Yes Frequency _____ Number of Years _____ Quit Date _____

Additional Comments

By signing below, I certify that all of the above information is true to the best of my knowledge.

Patient's Signature (Parent/Guardian) Date

Dentist/Doctor's Signature Date

INFORMATION UPDATED

Patient's Signature (Parent/Guardian) Date

Dentist/Doctor's Signature Date



New Patient Radiograph Request Form

(Send this form to your former dentist)

Please send my/our most current Complete Series & Bitewing Radiographs to:

(Please print the practice information for the Park Dental location you wish to have your records sent to below.)

Practice: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Please print name(s) for ALL patients whose records need to be transferred:

Please print corresponding date(s) of birth:

Patient/Parent Signature: _____ Date: _____



Park Dental Practice Locations

Minnesota

Albertville

Park Dental Albertville-St. Michael - 763.497.2822
11091 Jason Ave NE, Suite 3
Albertville, MN 55301
Fax: 763.497.2955
albertvillestmichael@parkdental.com

Apple Valley

Park Dental Apple Valley - 952.241.5888
6520 150th Street W, Suite 300
Apple Valley, MN 55124
Fax: 952.241.5887
applevalley@parkdental.com

Big Lake

Park Dental Big Lake - 763.263.6350
16991 198th Ave NW
Big Lake, MN 55309
Fax: 763.263.0136
biglake@parkdental.com

Blaine

Park Dental Blaine - 763.755.1330
12904 Central Ave NE
Blaine, MN 55434
Fax: 763.755.4305
blaine@parkdental.com

Bloomington

Park Dental Bloomington - 952.831.6126
4200 W Old Shakopee Road, Suite 100
Bloomington, MN 55437
Fax: 952.831.3225
bloomington@parkdental.com

Brooklyn Center

Park Dental Brookpark - 763.531.7177
6437 Brooklyn Blvd
Brooklyn Center, MN 55429
Fax: 763.535.6284
brookpark@parkdental.com

Brooklyn Park

Park Dental Edinbrook - 763.425.3644
8559 Edinbrook Parkway
Brooklyn Park, MN 55443
Fax: 763.425.0953
edinbrook@parkdental.com

Burnsville

Park Dental Ridges - 952.898.0990
40 Nicollet Blvd W
Burnsville, MN 55337
Fax: 952.891.0230
ridges@parkdental.com

Champlin

Park Dental Champlin - 763.421.5206
12180 Business Park Blvd N
Champlin, MN 55316
Fax: 763.421.8320
champlin@parkdental.com

Chaska

Park Dental Chaska - 952.361.0777
1150 Hazeltine Blvd
Chaska, MN 55318
Fax: 952.361.6729
chaska@parkdental.com

Coon Rapids

Park Dental Coon Rapids - 763.786.4632
9145 Springbrook Drive NW, Suite 100
Coon Rapids, MN 55433
Fax: 763.786.8673
coonrapids@parkdental.com

Park Dental Riverdale - 763.210.7096

3161 Northdale Blvd
Coon Rapids, MN 55433
Fax: 763.201.1183
riverdale@parkdental.com

Cottage Grove

Park Dental Cottage Grove - 651.459.2300
7501 80th Street S, Suite 214
Cottage Grove, MN 55016
Fax: 651.458.1836
cottagegrove@parkdental.com

Eagan

Park Dental Eagan - 651.454.2700
1895 Plaza Drive, Suite 130
Eagan, MN 55122
Fax: 651.454.1469
eagan@parkdental.com

Eden Prairie

Park Dental Eden Prairie - 952.949.2536
18315 Cascade Drive, Suite 120
Eden Prairie, MN 55347
Fax: 952.949.3942
edenprairie@parkdental.com

Edina

Park Dental Edina - 952.926.3534
6545 France Ave S, Suite 390
Edina, MN 55435
Fax: 952.926.7085
edina@parkdental.com

Elk River

Park Dental Elk River - 763.201.1313
18230 Zane Street NW
Elk River, MN 55330
Fax: 763.201.1314
elkriver@parkdental.com

Hugo

Park Dental Hugo - 651.407.0999
14741 Victor Hugo Blvd N
Hugo, MN 55038
Fax: 651.407.1004
hugo@ParkDental.com

Inver Grove Heights

Park Dental Salem Square - 651.450.9579
5350 South Robert Trail
Inver Grove Heights, MN 55077
Fax: 651.450.7449
salemsquare@parkdental.com

Lake Elmo

Park Dental High Pointe - 651.735.9057
8980 Hudson Blvd
Lake Elmo, MN 55042
Fax: 651.702.9040
highpointe@parkdental.com

Lakeville

Park Dental Lakeville - 952.241.5899
17436 Kenwood Trail
Lakeville, MN 55044
Fax: 952.241.5897
lakeville@parkdental.com

Maple Grove

Park Dental Maple Grove - 763.416.0037
9600 Upland Lane N, Suite 200
Maple Grove, MN 55369
Fax: 763.420.5428
maplegrove@parkdental.com

Maplewood

Park Dental Maplewood - 651.770.7585
1600 St. John's Blvd, Suite 100
Maplewood, MN 55109
Fax: 651.770.6021
maplewood@parkdental.com

Minneapolis

Park Dental LaSalle Plaza - 612.338.4546
800 LaSalle Ave S, Suite 100
Minneapolis, MN 55402
Fax: 612.338.2059
lasalle@parkdental.com

Park Dental Marquette - 612.333.1066

901 Marquette Ave S, Suite 230
Minneapolis, MN 55402
Fax: 612.333.0108
marquette@parkdental.com

Minnetonka

Park Dental Minnetonka - 952.474.5622
17821 Highway 7, Suite 2F
Minnetonka, MN 55345
Fax: 952.474.0283
minnetonka@parkdental.com

Park Dental Ridgepark - 952.545.8603

13059 Ridgedale Drive
Minnetonka, MN 55305
Fax: 952.545.4371
ridgepark@parkdental.com

Owatonna

Park Dental Owatonna - 507.451.5844
605 Hillcrest Ave, Suite 210
Owatonna, MN 55060
Fax: 507.451.0756
owatonna@parkdental.com

Plymouth

Park Dental Plymouth West - 763.233.3310
15535 34th Ave N, Suite 250
Plymouth, MN 55447
Fax: 763.233.3312
plymouthwest@parkdental.com

Rochester

Park Dental Rochester - 507.288.1633
3780 Marketplace Drive, Suite 112
Rochester, MN 55901
Fax: 507.288.2716
rochester@parkdental.com

Rosemount

Park Dental Rosemount - 952.423.2288
14895 South Robert Trail
Rosemount, MN 55068
Fax: 952.423.2203
rosemount@parkdental.com

Roseville

Park Dental Roseville - 651.636.2123
1835 County Road C W, Suite 220
Roseville, MN 55113
Fax: 651.636.2614
roseville@parkdental.com

St. Anthony

Park Dental Silver Lake - 763.781.7475
2600 39th Ave NE, Suite 225
St. Anthony, MN 55421
Fax: 763.781.0828
silverlake@parkdental.com

St. Louis Park

Park Dental St. Louis Park - 952.920.3700
5000 W 36th Street, Suite 250
St. Louis Park, MN 55416
Fax: 952.926.1601
stlouispark@parkdental.com

St. Paul

Park Dental Como Avenue- 651.646.1123

2282 Como Ave
St. Paul, MN 55108
Fax: 651.641.1788
comoavenue@parkdental.com

Park Dental Grand Avenue - 651.221.1902

917 Grand Ave
St. Paul, MN 55105
Fax: 651.221.4436
grandave@parkdental.com

Park Dental Mac Groveland - 651.646.3735

91 Snelling Ave N
St. Paul, MN 55104
Fax: 651.304.1255
macgroveland@parkdental.com

Savage

Park Dental Savage - 952.444.9500

14170 Highway 13 S
Savage, MN 55378
Fax: 952.444.9515
savage@parkdental.com

Shakopee

Park Dental Dean Lakes - 952.303.8320

4155 Dean Lakes Blvd
Shakopee, MN 55379
Fax: 952.303.8325
deanlakes@parkdental.com

Park Dental Shakopee - 952.496.1538

1515 St. Francis Ave, Suite 145
Shakopee, MN 55379
Fax: 952.496.3910
shakopee@parkdental.com

Stillwater

Park Dental St. Croix Valley - 651.439.2600

13961 60th Street N
Stillwater, MN 55082
Fax: 651.439.2211
stcroixvalley@parkdental.com

Woodbury

Park Dental Woodbury - 651.714.5555

10150 City Walk Drive, Suite C
Woodbury, MN 55129
Fax: 651.714.9005
woodbury@parkdental.com

Wisconsin

Hudson

Park Dental Hudson - 715.377.9966

1003 Pearson Drive
Hudson, WI 54016
Fax: 715.377.9933
hudson@parkdental.com

Somerset

Park Dental Apple River - 715.247.3318

705 Rivard Street, Suite 1
Somerset, WI 54025
Fax: 715.247.2407
applriver@parkdental.com