

**New Patient Packet
Macon County Public Health
Adult Dental Clinic
828-349-2588**



Welcome to Macon County Public Health Adult Dental Clinic.

For service, you must be over the age of 18. We are currently accepting new patients who are Self-Paying or with North Carolina Medicaid Insurance. We offer a Sliding Fee Schedule based on household income of any/all earners in the household once proof is provided. We accept Cash, Mastercard, Visa or Personal Checks. We provide services such as cleanings, comprehensive & periodic exams, digital x-rays, extractions, tooth-colored fillings, partials, dentures, preventive fluoride and limited emergency services. In order for this clinic to continue serving the citizens of our county, we must maintain strict appointment policies. When you fail to keep an appointment, it affects everyone. If you would like to make an appointment or have further questions, please call 828-349-2588 or visit: www.maconnc.org or [facebook/MaconPublicHealth](https://www.facebook.com/MaconPublicHealth). Please use black ink.

Personal Data Information

Full Legal Name:	First	Last	MI	circle: Mr. Mrs. Ms. Miss
Social Security:	Drivers License:		Sex: circle: M or F	
Date of Birth:	Country Of Origin:		County of Residence:	
Race (check):	<input type="checkbox"/> White	<input type="checkbox"/> White-Hispanic Origin	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Black
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other: _____	
Other (check/list):	<input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Homeless English Speaking: circle Yes (or) No If Interpreter Required, please list Language: _____			
Email Address:	_____			
Address:	street address		city	
	mailing address if different than above		state	
Phone Contact:	home	cell and/or pager		work phone
	circle best appt. confirmation choice:	Cell Phone	Home Phone	Email Message
Emergency Phone:	name of contact/relationship to Patient		emergency phone number	
Maiden and/or Other Names:				
List Other Persons Living In Home (use back of form if additional space req.)		DOB	Sex	Relationship to Patient

MEDICAID Enter Medicaid Insurance Number:

<input checked="" type="checkbox"/> Y=yes N=no DK=don't know	Y	N	DK	<input checked="" type="checkbox"/> Y=yes N=no DK=don't know	Y	N	DK
Do you have active Tuberculosis				Do your gums bleed			
Persistent cough more than 3 wks. now				Any earaches or neck pain			
Cough producing blood				Any clicking, popping or jaw discomfort			
Exposed to anyone with TB				Do you grit, grind or brux your teeth			
Are your teeth sensitive to hot, cold or pressure				Any sores or ulcers in your mouth			
Is your mouth dry				Do you wear dentures or partials			
Ever had periodontal gum treatment(s)				Any problems with previous dental treatment			
Ever had orthodontic braces treatment(s)				Any current dental pain or discomfort			