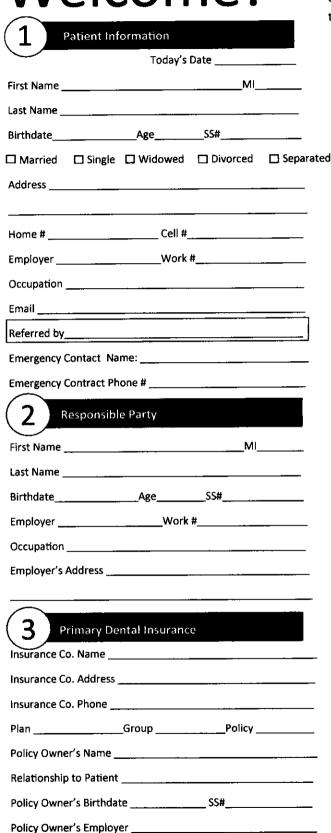
Welcome!



Employee's Address ______

Orthodontic Coverage? ☐ Yes ☐ No

We would like to welcome you to our office. Our goal is to make everyone's visit pleasant and educational. We strive to teach exceptional oral care that will enable you to have a beautiful smile that lasts a lifetime.

Secondary Dental Insurance
Insurance Co. Name
Insurance Co. Address
Insurance Co. Phone
Plan GroupPolicy
Policy Owner's Name
Relationship to Patient
Policy Owner's BirthdateSS#
Policy Owner's Employee
Employee's Address
Orthodontic Coverage? ☐ Yes ☐ No
5 Dental History
Purpose of today's visit
Previous Dentist
Date of last visit
What was done
Last Cleaning
How often do you brush Gums bleed ☐ Yes ☐ No
Any ☐ Sensitive teeth ☐ Loose teeth ☐ Broken fillings
☐ Jaw pain ☐ Injuries to teeth
Explain
Unpleasant Dental Experience ☐ Yes ☐ No
Explain
Have you ever had $\hfill\square$ Orthodontics $\hfill\square$ Gum Treatment $\hfill\square$ Implants
☐ Root Canal ☐ Oral Surgery ☐ Crowns ☐ Veneers
Are you happy with the appearance of your teeth?
☐ Yes ☐ No ☐ Color ☐ Position ☐ Smile
Have you ever had tooth whitening? $\ \square$ Yes $\ \square$ No
☐ In Office ☐ Overnight ☐ Drug Store
Are you interested in replacing any missing teeth? $\ \square$ Yes $\ \square$ No
Which method ☐ With Dentures ☐ Bridges ☐ Implants
Do you have any questions for the doctor? ☐ Yes ☐ No