

Welcome!

1

Patient Information

Today's Date _____

First Name _____ MI _____

Last Name _____

Birthdate _____ Age _____ SS# _____

Married Single Widowed Divorced Separated

Address _____

Home # _____ Cell # _____

Employer _____ Work # _____

Occupation _____

Email _____

Referred by _____

Emergency Contact Name: _____

Emergency Contact Phone # _____

2

Responsible Party

First Name _____ MI _____

Last Name _____

Birthdate _____ Age _____ SS# _____

Employer _____ Work # _____

Occupation _____

Employer's Address _____

3

Primary Dental Insurance

Insurance Co. Name _____

Insurance Co. Address _____

Insurance Co. Phone _____

Plan _____ Group _____ Policy _____

Policy Owner's Name _____

Relationship to Patient _____

Policy Owner's Birthdate _____ SS# _____

Policy Owner's Employer _____

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.

4

Secondary Dental Insurance

Insurance Co. Name _____

Insurance Co. Address _____

Insurance Co. Phone _____

Plan _____ Group _____ Policy _____

Policy Owner's Name _____

Relationship to Patient _____

Policy Owner's Birthdate _____ SS# _____

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 Orthodontics Gum Treatment 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? Yes No

In Office Overnight Drug Store

Are you interested in replacing any missing teeth? Yes No

Which method With Dentures Bridges Implants

Do you have any questions for the doctor? Yes No