

# PATIENT INFORMATION

Name:

Gender:

Date of birth:

Home/Mailing Address:

Home Phone:

Cell Phone:

**Email** at Which You Would Like To Receive Courtesy Appointment Reminder Messages:

\_\_\_\_\_ **I have read  
the "Notice of Privacy Practices".**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Marital Status: (Please Circle)   Single   Married

Employed by

Emergency Contact Name

Relationship

Contact Phone

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Whom should we thank for referring you to our office?

Family Dentist:

Have you had previous orthodontic treatment?

Do you have any medical problems? (such as asthma, rheumatic fever, hemophilia, diabetes, etc.)

Are you taking any medication?

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**ORTHODONTIC INSURANCE INFORMATION**

Name of policy holder:

Insurance Phone #:

Policy holder's SS#/member ID:

Group #:

Policy holder's date of birth:

Employer Name:

Insurance Company Name: