

PATIENT INFORMATION

Name:

Gender:

Date of birth:

Age:

Home/mailling address:

Phone:

Email at which you would like to receive courtesy appointment reminder messages:

I have read the "Notice of Privacy Practices"

Signature _____

Date _____

Father's name:

Cell phone:

Address:

(Address if different from above)

Employed by:

Work phone:

Mother's Name:

Cell phone

Address:

(Address if different from above)

Employed by:

Work phone:

Whom should we thank for referring you to our office?

Family Dentist:

Has anyone else in your family had orthodontic treatment?

Has the patient had previous orthodontic treatment?

Does the patient have any medical problems? (such as asthma, rheumatic fever, hemophilia, diabetes, etc.)

Is the patient taking any medications?

Does the patient have any special needs?

Which school does the patient attend?

DENTAL INSURANCE INFORMATION

Name of policy holder:
above)

Insured's Address: *(if different from*

Policy holder's date of birth:

Insurance Company Name:

Policy holder's SS#/member ID:

Employer:

Insurance Phone #