

Welcome

Our vision is to deliver dental services to patients who expect, desire, and appreciate superior dental care. We are committed to being sensitive to individual needs and developing lasting relationships with our patients. Your trust and comfort are priorities for us. Our team is committed to providing you with knowledge about your health, helping you make treatment choices that are appropriate for you.

Today's date: _____

Email address: _____

Name: last _____ first _____ mi _____ Mr. Mrs. Ms. Dr.

I prefer to be called: _____ Male _____ Female _____

Birth date: __/__/____ Age: ____ SS#: ____ - ____ - ____

Home Address: _____

City _____ St _____ Zip _____

Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Home phone #: ____ - ____ - ____ Cell phone #: ____ - ____ - ____

Work phone #: ____ - ____ - ____ Ext: _____ Driver's License #: _____

Employer: _____

Employer Address: _____ City _____
State _____ Zip _____

How long employed there: _____ Occupation: _____

Best times to reach you by phone: _____

Who may we thank for referring you to our practice: _____

Spouse Information

Name: _____

Employer: _____

Work phone #: ____ - ____ - ____ ext. ____ Social Security #: ____ - ____ - ____

Birth date: __/__/____ Driver's License #: _____