

Patient Information

Date _____

Patient's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Birthdate _____ Social Security # _____

If patient is a minor, give parent's or guardian's name _____

Whom may we thank for referring you to our office? _____

Responsible Party Information

Name _____
Last First Middle Marital Status

Residence _____
Street City State Zip

Mailing Address _____
Street City State Zip

How long at this address _____ Home Phone _____ Work Phone _____

Previous Address (if less than 3 yrs.) _____
Street City State Zip

Social Security # _____ Birthdate _____ Relationship to Patient _____

Employer _____ Occupation _____ No. Years Employed _____

Spouse's Name _____ Relationship to Patient _____
Last First Middle

Employer _____ Occupation _____ No. Years Employed _____

Social Security # _____ Birthdate _____ Work Phone _____

Insurance Information

Insured's Name _____ Insured's Soc. Sec. # _____

Insurance Company _____ Group No. _____ Local No. _____

Insurance Co. Address _____

Do you have dual coverage? Yes No If yes:

Insured's Name _____ Insured's Soc. Sec. # _____

Insurance Co. _____ Group No. _____ Local No. _____

Insurance Co. Address _____

Insured's Employer _____

Emergency Information

Name of nearest relative not living with you _____

Complete Address _____

Phone _____

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) _____

Updates (date & initial) _____

EMAIL:

1. Do you think it is important to have your teeth cleaned at least every 6 months?
2. On a scale from 1 to 10, how important is your dental health to you?
1 2 3 4 5 6 7 8 9 10
3. How would you rate your insurance coverage and your dental benefits?
1 2 3 4 5 6 7 8 9 10
4. Do you think your dental health affects your total health?
A lot Somewhat Not at all
5. Does a person's breath influence your opinion of that person and if so how much?
A lot Somewhat Not at all
6. Are you conscious of the whiteness or brightness of your teeth?
Yes No
7. How important do you think the attractiveness of a person's smile is on the overall first impression they give off?
Very important Somewhat important Not very important
8. What is the most important thing to you about your smile and your dental health?
9. If there were a way to whiten your smile for a very reasonable investment, would you be interested?

I have received a copy of this office's
NOTICE OF PRIVACY PRACTICES.

SIGNATURE _____ DATE _____