

Welcome

"How can we make you smile today?"

Patient Information

Today's date _____

Name (First, Last) _____ Nickname _____ DOB _____ Gender _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Best way to contact (circle all that apply): TEXT CALL EMAIL

Emergency Contact(s) _____ Phone # _____

Name of Spouse (First, Last Name) _____ Age _____ needs _____ ☐ N/A

Children (First, Last Name) _____ Age _____ needs _____ ☐ N/A

Children (First, Last Name) _____ Age _____ needs _____ ☐ N/A

Children (First, Last Name) _____ Age _____ needs _____ ☐ N/A

Other (First, Last Name) _____ Age _____ needs _____

Dental Insurance Company _____ **Insured Name** _____

SS # _____ (need if you want us to file for Insurance)

Insured DOB _____ Relationship to patient _____

Subscriber # _____ Group # _____ Employer _____

Ins. Co Address _____ Phone _____

Insurance Release: I authorize release of information regarding my dental treatment to by carrier. I agree to be responsible for payment on services rendered during my ineligible insurance period or any balance not paid by the insurance carrier. I understand that insurances are billed as a courtesy and that I am ultimately responsible for all costs of treatment and ultimately for reading and understanding my insurance plan and limitation. _____-initials

Are you interested in--

(Check all that apply)

Invisalign ☐

Children's Care ☐

All Ceramic Crowns ☐

Wire Braces ☐

Cosmetic Bonding ☐

Wisdom teeth ☐

Root Canals ☐

Permanent Dentures ☐

Veneers ☐

White Fillings ☐

Grafting Procedures ☐

Holistic Dentistry ☐

Dental Bridges ☐

Mild Sedation ☐

TMJ/Grinding ☐

Oral Cancer Screening ☐

Desensitizing Teeth ☐

Dental Implants ☐

Dentures/Partials ☐

Smile Whitening ☐

Full Dental Evaluation ☐

Oral CT scan ☐

Non-surgical Gum Treatment ☐

Removing Mercury Fillings ☐

1. What concerns you most? _____

2. Are you interested in preserving all of your teeth for your lifetime? ☐ or Have you given up on your teeth? ☐

3. How do you rate your smile 1-10? _____ Why? _____

4. WE are HIPAA compliant. Would you like to see that form? _____