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 HIPPA compliant. Would you like to see that form? _____