



*Welcome*

**Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this Confidential form completely in ink. If you have any questions or need assistance, please ask us - we will be happy to help.**

### Patient Information

|   |  |                                |
|---|--|--------------------------------|
| Date _____  | Name _____<br><small>Last First Middle</small> |                                |
| Residence _____<br><small>Street City State Zip</small>       |  |                                |
| Mailing Address _____<br><small>Street City State Zip</small> |  |                                |
| How long at this address? _____                               | Home Phone _____                               | Daytime Phone _____            |
| Cell Phone _____  | Email _____                                    |                                |
| Previous Address (if less than 3 years) _____                 |  |                                |
| Social Security # _____                                       | Birthdate _____                                | Driver's License Number _____  |
| Employer _____  | Occupation _____                               | Number of Years Employed _____ |
| Employer Address _____  |  |                                |
| Work Phone _____  | Extension _____                                |                                |

### Getting to Know You

|   |  |  |             |
|---|--|--|-------------|
| What name do you go by? _____   |  |  |             |
| Is a member of your family or relative a patient of our office? Name _____ Relationship _____ |  |  |             |
| Whom may we thank for referring you to our office? _____                                      |  |  |             |
| Person to Contact for Emergency _____   |  |  | Ph. # _____ |
| Address _____<br><small>Street City State Zip</small>   |  |  |             |
| Name of nearest relative not living with you _____  |  |  | Ph. # _____ |
| Address _____<br><small>Street City State Zip</small>   |  |  |             |