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? _____