



# Welcome

Thanks for choosing us to help you with your smile

## About you

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I prefer to be called: \_\_\_\_\_  Male  Female

Married  Single  Child

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like us to remind you of your appointments?

Home phone call  Cell Phone call  Text message

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Patient's or Parent's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse or Parents name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

