

New Patient Information

Who's the Patient?

Patient Name: _____ Date of Birth: _____ Age: _____ ☐ Female ☐ Male

Address: _____ City/State: _____ Zip code: _____

Phone Numbers - Home: _____ Work: _____ Cell: _____

e-mail: _____ Hobbies/Interests: _____

Occupation: _____ Employer: _____

If student, what grade? _____ Which school? _____

Who's the Responsible Party?

The Responsible Party is our primary communications contact & the person responsible for the account.

Relationship to the Patient: ☐ Self (skip to insurance) ☐ Mother ☐ Father ☐ Other: _____

Name: _____ e-mail: _____

Address: _____ City/State: _____ Zip code: _____

Phone Numbers - Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Do you have Dental Insurance?

If so, we'll find out if you have orthodontic coverage and benefits!

(if you've already supplied your insurance information to us, simply provide your insurance card to the front desk so we can copy it and skip to final questions)

Primary Insurance

Insurance Co/Plan: _____ Phone (on card): _____

Policy Holder Name: _____ Date of Birth: _____ SS#: _____

Member ID#: _____ Group ID#: _____ Employer: _____

Is there other dental insurance you'd like us to check on? If yes, please provide details below and your insurance card to the front desk.

Secondary Insurance

Insurance Co/Plan: _____ Phone (on card): _____

Policy Holder Name: _____ Date of Birth: _____ SS#: _____

Member ID#: _____ Group ID#: _____ Employer: _____

Final Questions

How did you hear about our office? _____

What orthodontic concerns do you have? _____

What do you value most in your orthodontist? _____

Is there anything else you would like us to know? _____