



Welcome To Our Office!

Please complete the following to help us better care for you

Name: _____ Nickname: _____

Street: _____ City: _____

Zip: _____ Home Phone: _____ Cell/Alt. Phone: _____

Gender: _____ Age: _____ Date of Birth: _____

Preferred Location: Evergreen Conifer Email: _____
(for appointment reminders)

Names & ages of children in your family: _____

Have any family members received treatment in our office? Yes No

Dentist: _____ When was your child's last general dental exam? _____

Whom may we thank for referring you? _____

Who should be contacted for appointments and scheduling? _____

With whom does the patient live? _____

Father's Name: _____ Home Address (if different): _____

Occupation: _____ Employer: _____ # of years employed? _____

Cell/Alt. Phone: _____ Home Phone: _____

Mother's Name: _____ Home Address (if different): _____

Occupation: _____ Employer: _____ # of years employed? _____

Cell/Alt. Phone: _____ Home Phone: _____

Step-parent/Guardian Name: _____ Cell/Alt. Phone: _____ Home Phone: _____
(if applicable)

Financially Responsible Party: _____ Relationship to patient: _____

Is there an insurance company we can contact for you concerning orthodontic coverage? Yes No

Insurance Company name: _____ State: _____

Group Number: _____ Phone Number: _____

Insured's Name: _____ SS#: _____ Date of Birth: _____

Is there a second insurance company which may provide coverage? Yes No

Insurance company name: _____ Group Number: _____

Insured's Name: _____ SS#: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____