



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: _____	
Occupation: _____	Employer: _____	# of Years at Employer: _____	
Work Phone: _____		E-mail: _____ <small>(for appointment reminders)</small>	
Best phone number to contact you to schedule appointments? _____			
Preferred Location: Evergreen <input type="checkbox"/> Conifer <input type="checkbox"/>			
Dentist: _____ When was your last general dental exam? _____			
Whom may we thank for referring you? _____			
Spouse's Name: _____ <small>(if applicable)</small>		Cell Phone: _____	
Spouse's Employer: _____		Spouse's Occupation: _____	
Financially Responsible Party: _____		Relationship to patient: _____	
Is there an insurance company we can contact for you concerning orthodontic coverage?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company name: _____		State: _____	
Group Number: _____		Phone Number: _____	
Insured's Name: _____		SS#: _____	Date of Birth: _____
Is there a <u>second</u> insurance company which may provide coverage?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance company name: _____		Group Number: _____	
Insured's Name: _____		SS#: _____	Date of Birth: _____

Patient Signature: _____ **Date:** _____