



We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

Name: _____ **Preferred Name:** _____

Birth Date: _____ **SS#** _____ **Gender:** M F
Married: Y N

Address _____

City _____ **State** _____ **Zip** _____

Employer: _____

Cell # _____

Email: _____

Please check all areas that would be an acceptable manner in which we can contact you:

- Please contact me on my cell phone via phone call or text message
- Provider can leave their name and phone number only when they call
- Provider can leave a detailed message when they call
- Please contact me via email
- Provider can leave their name and phone number only when they email
- Provider can leave a detailed message when they email

I hereby give permission to my Provider to release dental information pertinent to my care to :

_____ Relationship:
_____ Phone# _____

Signed: _____

How did you hear about us?

WE LOVE YOUR REFERRALS AND ARE ALWAYS ACCEPTING NEW PATIENTS!

PLEASE PRESENT INSURANCE CARD AND DRIVER'S LICENSE TO FRONT DESK