PATIENT INFORMATION

Name _____ Male ___ Female ___
First Middle Last

I prefer to be called _____

Birthdate _____/ _____/ _____ Age _____ Social Security _____/ _____ / _____

Home Address _____ Home Phone ( ) _____

_____ Cell Phone ( )_____
City State Zip

Email _____ Pager _____ Which way do you prefer we contact you? _____

Single __ Married __ Divorced __ Widowed __ Separated __

Employer _____ Work Phone ( ) _____ Ext _____

Occupation _____ Pager No. / Other _____

Best time to reach _____ A.M. ___ P.M. ___

Other family members seen by us _____

EMERGENCY CONTACT : Name: _____ Phone ( ) _____

Former Dentist _____ Phone ( ) _____

Present Physician _____ Phone ( ) _____

Last Visit Date _____

FAMILY HISTORY

Name of Family Members	Relationship	Sex	Birthdate

Over Please