CONFIDENTIAL Patient Information for Modern Dental Associates

Phone Numbers

Name ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

Last | First | Middle Initial

Home:

Best time to be reached:

Mobile Phone:

Address: Street or P.O. Box # | City | State | Zip Code

Work:

Best time to be reached:

Age: Yrs **Birth Date**(month/day/year) **Birth Place** **Gender:** ☐ Male ☐ Female

Marital Status ☐ married ☐ single ☐ divorced ☐ separated ☐ widowed

Social Security Number: | FAX Number: | E-Mail Address:

Occupation: Employer | How long employed? | Address and Phone Number:

Person Responsible for Dental Bill: Age | Address | Relationship | Social Security Number

Occupation | Employer | How long employed? | Address | Phone Number

Spouse's Name:	**Occupation:**	**Employer & Work#:**

Primary Insurance Information		***Secondary Insurance Information***	
Insured Person's Full Name	Insured Person's Date of Birth	Insured Person's Full Name	Insured Person's Date of Birth
Social Security Number	Relationship to Patient	Social Security Number	Relationship to Patient
Insurance Company Name	Group Number	Insurance Company Name	Group Number
Employer Name	Full Address of Employer & Phone	Employer Name	Full Address of Employer & Phone

Getting to Know You

1. Why did you select our Office?

2. Whom may we thank for referring you?

3. Is another member of your family or relative a patient in our practice? ☐ yes ☐ no

4. Person to Contact for an emergency?

Relationship:
Home Number:
Work Number:

5. When was your last dental visit? What procedure was done

6. When was the last time you had complete dental X-rays taken?

7. Have you ever had teeth removed ☐ yes ☐ no
If yes, how long have these teeth been missing?

8. How do you feel about maintaining a health mouth?

9. How do you feel about the appearance of your teeth?
☐ Satisfied ☐ Somewhat Satisfied ☐ Not Satisfied

10. If you could change anything about the appearance of your smile, what would you change?

Physician's Name:
Physician's Phone#:

Pharmacy Name:
Pharmacy Phone#:

★ **PLEASE COMPLETE BOTH SIDES AND RETURN TO FRONT DESK. THANK YOU!** ★

FOR OFFICE USE ONLY

Updated:	Date:	Updated:	Date:	Updated:	Date:

B.P.	Date:	B.P.	Date:	B.P.	Date:	B.P.	Date: