

DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

SINGLE MARRIED SEPARATED DIVORCED WIDOWED

OCCUPATION \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ HOW LONG \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

NAME OF SPOUSE / PARENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ HOW LONG \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

REFERRED BY \_\_\_\_\_

WHO WILL PAY THIS ACCOUNT \_\_\_\_\_

PURPOSE OF CALL \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

ARE YOU INTERESTED IN SAVING YOUR TEETH \_\_\_\_\_

ARE YOU SATISFIED WITH THE APPEARANCE OF YOUR TEETH \_\_\_\_\_

LAST DENTAL APPOINTMENT \_\_\_\_\_ X-RAYS \_\_\_\_\_

HAVE YOU LOST MANY TEETH \_\_\_\_\_ WHY \_\_\_\_\_

HAVE THEY BEEN REPLACED BY \_\_\_\_\_ FIXED BRIDGE

\_\_\_\_\_ REMOVABLE PARTIAL \_\_\_\_\_ DENTURE

DO YOUR GUMS BLEED \_\_\_\_\_ IS YOUR BREATH BAD \_\_\_\_\_

TEETH SENSITIVE TO HEAT \_\_\_\_\_ COLD \_\_\_\_\_ SWEETS \_\_\_\_\_

HOW DO YOU FEEL ABOUT YOUR TEETH? \_\_\_\_\_

HOW DO YOU FEEL ABOUT DENTURES? \_\_\_\_\_

LAST DENTIST SEEN \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_