

Welcome

Today's Date: _____

Patient's Name: _____
(FIRST) (MIDDLE) (LAST)

Patient Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____

Birth Date: ____/____/____ Age: _____ Sex: Male Female Email: _____

Please indicate how you would like to be contacted in case of an emergency: _____

Father's Name: _____	Mother's Name: _____
Job Title: _____ How Long at Current Job: ____	Job Title: _____ How Long at Current Job: ____
Employed By: _____	Employed By: _____
Business Address: _____	Business Address: _____
Business Phone: (____) _____ Ext: _____	Business Phone: (____) _____ Ext: _____
SSN: _____ DOB: ____/____/____	SSN: _____ DOB: ____/____/____

Is patient living with both parents? YES NO If not, with whom? _____

Person responsible for this account? _____ Relation: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

How many DENTAL Insurance plans are you covered by? (please circle one answer): 0 1 2

Primary Dental Insurance: _____ Member Name: _____ Subscriber ID: _____

Secondary Dental Insurance: _____ Member Name: _____ Subscriber ID: _____

Do you currently have a dentist? YES NO Would you like to be referred to a dentist? YES NO

May we contact your general dentist regarding today's visit and share information regarding treatment? YES NO

Patient's Dentist: Dr. _____ Phone: (____) _____

Dentist Address: _____ City: _____ State: _____ Zip: _____

When was your last dental appointment? _____ Purpose of your visit today: _____

Would you consider cosmetic surgery to reset your jaw? YES NO

Were you referred to our office? YES NO Whom may we thank for referring you? _____

I understand that during orthodontic treatment I must continue to visit my regular dentist every 3-6 months to maintain healthy teeth and gums. _____ (SIGNATURE)

I give Dr. Lester LeBlanc permission to utilize my photographs for any purpose, including copyright, scientific display, advertisement, and general patient information concerning benefits of orthodontics, without any compensation.

(SIGNATURE)