

Please Handle Me With Care

If you have dental insurance please present your card to the receptionist

Patient Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Best daytime phone number: _____ Birthdate: _____

EMAIL: _____

(Email for office use only. Appointment reminders, office updates, dental info/education and special offers and coupons)

Whom were you referred by? _____

Why are you here today?

Please Circle

- Would you like to hear about financing options? (yes) (no)
- Would you like to replace silver-mercury fillings? If no, why not? _____ (yes) (no)
- We offer sedation dentistry for anxious patients. Are you interested? (yes) (no)
- Would you like to discuss the appearance of your smile? (yes) (no)
- Which type are you looking for? Long term solutions to problems Short term patchwork solutions
- Are there any concerns that would prevent you from going through with treatment? (yes) (no)

If yes, please list: _____