

WELCOME

When you visit our office, *your smile is our top priority.*
Drs. Spagna & Kunaish and our entire team are dedicated to providing you with the personalized, gentle care that you deserve.

Patient Information

Date _____ SS# _____

Patient _____
Last First MI

Preferred Name _____

Address _____

City State Zip

E-mail Address _____

Sex: M F Age _____ Birthdate _____

Single Married Widowed Separated Divorced

Occupation _____

Employer _____

Employer address _____

Employer Phone _____

Spouse's Name _____

Birthdate _____ SS# _____

Occupation _____

Spouse's Employer _____

Whom may we thank for referring you? _____

Dental Insurance

Who is responsible for this account? _____

Relationship to Patient _____

Insurance Co. _____

Group # _____

Is patient covered by additional insurance? Yes No

Subscriber's Name _____

Birthdate _____ SS# _____

Relationship to Patient _____

Insurance Co. _____

Group # _____

Date _____ Signature _____

(Patient or Guardian)

Phone Numbers

Home(____) _____ Work(____) _____ Cell (____) _____ Spouse's Work(____) _____

Best time and place to reach you _____

IN CASE OF EMERGENCY, CONTACT

Name _____ Relationship _____

Home Phone(____) _____ Work Phone (____) _____

Dental History

Reason for today's visit _____

Do you like the appearance of your teeth yes no _____

Former Dentist _____ City/State _____

Date of last dental visit _____ Date of last dental X-rays _____

Check (✓) if you have had any of the following:

- Bad breath
- Bleeding gums
- Blisters on lips or mouth
- Burning sensation on tongue
- Chew on one side of mouth
- Cigarette, pipe, or cigar smoking

- Clicking or popping jaw
- Dry mouth
- Fingernail biting
- Food collection between the teeth
- Grinding teeth
- Gums swollen or tender
- Jaw pain or tiredness
- Lip or cheek biting

- Loose teeth or broken fillings
 - Mouth breathing
 - Mouth pain, brushing
 - Orthodontic treatment
 - Pain around ear
 - Periodontal treatment
 - Sensitivity to cold
 - Sensitivity to heat
 - Sensitivity to sweets
 - Sensitivity when biting
 - Sores or growths in your mouth
 - Teeth Bleaching
- How often do you floss? _____
- How often do you brush? _____