

Patient's Name _____ Birthdate _____
Mo. Day Year

Name of Parents (If child) _____

Name of Spouse in Full _____

Residence Address _____ Soc. Sec. No. _____

City/State/Zip _____ Phone _____

Head of Household Employed by _____ Occupation _____

Business Address _____

City/State/Zip _____ Phone _____ Ext. _____

Policy Holder - (If different from above)

Employed by _____ Occupation _____

Dental Insurance Co. _____ Birthdate _____

Referred by _____ Soc. Sec. No. _____

Physician's Name _____

Date of Last Physical Examination _____ Reason _____

Do you want general anesthetic, sedation with local, or local anesthetic (underline type preferred) or would you prefer to have the doctor choose the best anesthetic for your case?

(Answer Questions on Reverse Side)