

PLEASE COMPLETE UPON ARRIVAL FOR APPOINTMENT

Name: _____ Date: _____

What is your current **address** ?

What is/are your current **telephone** number(s)?

Who is/are your current **dental insurance** carrier(s) ?

Do we have a copy of your **current** insurance card ? Yes No

Do we have a copy of your **driver's license** ? Yes No

How will you be **paying** for your visit today ? Cash Check

(if insurance applies, co-payment & deductible required only, otherwise payment in full is expected) Credit / Debit Card

Do you have any **Medical History** changes ? Yes No

Pregnancy (months) _____ Yes No

My visit today is for the following:

Check-up / cleaning

Filling(s)

Denture / Partial

Extraction(s)

Crown / Bridge

Tooth Pain