

PREFERRED INFORMATION

HOW DID YOU HEAR ABOUT OUR OFFICE? _____

WHO WAS YOUR PREVIOUS DENTIST? _____

HOW LONG AGO WAS YOUR LAST VISIT? _____

DID YOU HAVE X-RAYS? BITEWINGS PANO

DO YOU HAVE A PREFERRED TIME FOR YOUR APPOINTMENTS?
MORNING OR AFTERNOON

DO YOU HAVE A PREFERRED PHARMACY IF ONE IS
NECESSARY? _____

DO YOU HAVE AN E-MAIL ADDRESS? _____

DO YOU GIVE US PERMISSION TO SHARE YOUR RECORDS WITH
YOUR OTHER DOCTORS IF NECESSARY? YES OR NO

IS THERE AN EMERGENCY CONTACT OTHER THAN WORK OR HOME
NUMBERS?

NAME _____ RELATIONSHIP _____ PHONE _____

DID YOU KNOW THAT IF YOU REFER 5 OR MORE PATIENTS YOU
ARE ENTITLED TO A FREE WHITENING SYSTEM? ASK THE FRONT
DESK FOR YOUR 5 REFERRAL CARDS.

IF YOU HAVE MISSING TEETH WHEN DID YOU HAVE IT
EXTRACTED (PULLED) _____

ARE YOU ON ANY BLOOD THINNERS OR ASPIRIN? () YES OR () NO
IF YES, PLEASE GIVE THE NAME AND # OF DOCTOR WE NEED TO
CONTACT. _____