

# Welcome

I would like to introduce you to a new dimension in Dentistry, a new era in cosmetic artistry. Our goal is to achieve the benefits of having a beautiful smile, healthy tissue, and function that you want and deserve. Please complete this form so that we can provide the best care possible for you.

Today's date: \_\_\_\_\_

## About you

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## Spouse information

Spouse's Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Who may we thank for referring you?  
\_\_\_\_\_

## Insurance Information

Dental Insurance Name: \_\_\_\_\_  
Ins. Co. Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Phone #: \_\_\_\_\_  
Group #: \_\_\_\_\_  
Insured Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Dental History

Why have you come to see us today?  
\_\_\_\_\_  
\_\_\_\_\_

The date of your last dental visit: \_\_\_\_\_  
Previous Dentist's Name: \_\_\_\_\_

- How would you describe the condition of your teeth and gums?
- Good       Fair       Poor
- Do you have any discomfort with your teeth or gums?
- How often do you floss? \_\_\_\_\_
- Have you ever experienced pain in your jaw joint?
- Do you grind your teeth?
- Have you ever been treated for TMJ symptoms?  
If yes, Please explain \_\_\_\_\_  
\_\_\_\_\_
- Do you have tension headaches?

- Have you ever had gum treatment?
- Do your gums ever bleed?
- Have you ever had periodontal disease?
- Are your teeth sensitive?
- Do you have mobility in your teeth?
- Do you still have your wisdom teeth?

If you could change anything about the appearance of your smile, what would you like to do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_