ADULT PATIENT INFORMATION

Jacob Jarvis ORTHODONTICS

Date_____

Patient's name_____
Last First Middle

Mailing Address_____
Street City Zip

How long at this address?_____ Home phone_____ Work phone_____

Cell Phone_____ Birthdate_____ Social Security _____

Marital Status: Single____ Married____ Widowed____ Separated____ Divorced_____

Email address_____

Employer_____ Occupation_____ # years employed_____

Spouse's Name_____Birthdate_____

Employer_____ Occupation_____ No. years employed_____

Whom may we thank for referring you to our office? _____

Do you have a Facebook?_____Can we send you appointment reminds via text?_____

If so what is the best number for text messages?_____

DENTAL INSURANCE INFORMATION

Insured's Name_____ Insured's Social Security #_____

Insurance Company_____ Group No._____

Insurance Co. Address_____ Phone No._____

DENTAL HISTORY

General Dentist_____Date of last exam_____

Are there any medical conditions that you feel we should be aware of in order to do our exam

today?_____

BENEFITS

Benefits of Orthodontics: Aesthetics, Health, and Function. Orthodontics is a service that provides an improvement in the appearance of the teeth, in the general function of the teeth, and in general dental health. Teeth, gums, and jaws are an intricate body part and can fail to respond to treatment. If good oral hygiene is not practiced, tooth decay and enlarged gums can result. Joint discomfort and root shortening are observed in a small percentage of cases. Teeth change throughout our lifetime and there can be some movement of teeth and some change after treatment. I have read and understand this paragraph. I also understand that my diagnostic records and my name may be used for educational and promotional purposes. I have truthfully answered all the above questions and agree to inform this office of any changes in my medical or dental history. In addition, I authorize Dr. Jarvis to perform a complete orthodontic evaluation.

Signature:_____Date:_____