

ADULT PATIENT INFORMATION



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: _____

PATIENT INFORMATION FOR PATIENTS UNDER 18 YEARS OF AGE



Date _____
Patient's name _____
Last First Middle
Address _____
Street City Zip
Nickname _____ Birthdate _____ School _____
Sports/Hobbies _____ Parent or guardian name _____
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? _____

RESPONSIBLE PARTY INFORMATION

Name _____
Last First Middle
Mailing Address _____
(If different from above) Street City Zip
Home phone _____ Cell/other phone _____ Work phone _____
Email address _____ Birthdate _____

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: _____