

## CONFIDENTIAL PATIENT INFORMATION

### *Cypress Dental*

*Atty Smith, D.D.S.*

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*Welcome to the dental office of Dr. Atty Smith!*

#### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_ Current E-mail Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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#### **DENTAL INSURANCE INFORMATION:**

Do you have dental insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ - If you do, please present your insurance card to the Office Manager at the front desk at this time. Thank you!

**Who is the subscriber of your insurance plan?** (ie: spouse, mother, father, etc.) -

**If someone other than yourself, please be sure that we have subscriber's birth date, social security #, etc.** \_\_\_\_\_

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**I UNDERSTAND THAT PAYMENT IS MY OBLIGATION REGARDLESS OF INSURANCE OR ANY OTHER THIRD PARTY INVOLVEMENT, AND IS EXPECTED AT THE TIME OF SERVICE.**

**SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- Continued -

Personal Primary Care Physician: \_\_\_\_\_

Facility Name / Phone #: \_\_\_\_\_

PERSON TO BE CONTACTED IN CASE OF EMERGENCY (other than home #):

\_\_\_\_\_  
Name City Phone#

**DENTAL INFORMATION:**

1. What is the purpose of your dental visit today?

\_\_\_\_\_  
\_\_\_\_\_

2. Date of last dental visit ~ \_\_\_\_\_

3. Date of last x-rays taken ~ \_\_\_\_\_

4. Name of previous Dentist ~ \_\_\_\_\_

5. Do you like your smile? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Would you like whiter teeth? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Would you like straighter teeth? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Do you or your spouse have trouble with snoring? YES \_\_\_\_\_ NO \_\_\_\_\_

9. What do you expect of us to help meet your dental goals?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? We'd like to know!

Patient \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Newspaper \_\_\_\_\_

Internet \_\_\_\_\_ Sign outside of office \_\_\_\_\_ Other \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_