



Welcomes You!

How did you hear about us? _____

1- Getting To Know You:

Today's Date: _____ Email Address: _____
Name: _____ I prefer to be called: _____
last first mi
Birthdate: _____ Male ___ Female ___
Single ___ Married ___ Divorced ___ Widowed ___ Separated ___
Home Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____ Home Phone: _____

2- Work & Dental Insurance Info:

Employer: _____ How long there? _____
Occupation: _____ Work Phone: _____
Primary Dental Insurance Company: _____
Subscriber's Name: _____ Subscriber's Birthdate: _____
Subscriber's Address: _____ Relation: _____
Member ID or SS# : _____ Insurance Company Phone: _____
Claims Mailing Address: _____ Group or Policy #: _____
**Is there a secondary insurance you would like us to verify? Yes ___ No ___

3- My Dentist's Information:

Dentist Name: _____

Last Visit Date: _____

What orthodontic concerns would you like to discuss today?

Are you allergic to:

Latex ___ Metals/Nickel ___ Plastics ___

Please list any other allergies you have:

Please list any medical conditions we should know about:

Emergency Contact: _____

Relation: _____

Contact #: _____

Person Responsible for Account: _____

Relation: _____

Billing Address: _____

Best Contact #: _____

I understand the information I have given today is correct to the best of my knowledge.

I also understand this information will be held in the strictest of confidence and it's my responsibility to inform this office of any changes in my status.

I authorize the staff of Sims Orthodontics to perform any necessary services that I may need during diagnosis and treatment with my informed consent.

signature

date

4- Allergy and Medical Information: