New Patient Phone Call

Patient Information

Name _____

Date Of Birth _____ Gender ◯ Male ◯ Female ◯ Other

Phone Number _____ Email _____

Address _____

_____

Insurance Details

Insurance Provider _____

Member ID _____ Employer Name _____

Policy Number _____ Group Number _____

Subscriber Name _____ Date of Birth _____

Reason for Visit

◯ New Patient

◯ Cleaning & Checkup

◯ Tooth Pain- Area ____

◯ Specialist Consultation

◯ Cosmetic

◯ Other: _____

Medica & Dental History

◯ Allergic to Latex

◯ Date Of Last Dental Visit _____

◯ X-rays taken last _____

◯ Needs A Full Set of X-rays _____

◯ Date of Last CBCT Taken _____

◯ Is Patient Nervous or Scared? _____

Preferred Appointment

- Preferred Day _____
- Prefferd Time _____

How Did Patient Find us?

G.P. Referral _____

Other _____