

Dental Offices, LLP

PATIENT ACQUAINTANCE QUESTIONNAIRE

APPOINTMENT DATE _____ TODAY'S DATE _____

TYPE _____ DATE OF BIRTH _____

DR/HYG _____

PATIENT NAME _____ S.S.# _____

SINGLE MARRIED OTHER

IF A CHILD, PARENT'S NAME _____

(PARENT MUST ACCOMPANY CHILD FOR APPT)

ANYONE IN HOUSEHOLD A PATIENT HERE? _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS ADDRESS _____

HOME TEL. _____ BUS. TEL. _____

PERSON RESPONSIBLE
FOR THIS ACCOUNT _____ S.S.# _____

PLACE OF EMPLOYMENT _____

PRESENT POSITION _____

DENTAL INSURANCE _____

RELATIVE OR CLOSE FRIEND
NOT LIVING AT SAME RESIDENCE _____

ADDRESS _____

TELEPHONE _____

REFERRED BY _____

Any Recent dental xrays? _____ If available, bring to appointment

Medications _____

Allergies _____

Any significant medical problems? _____

Have you ever been told to take Antibiotics before dental appointments? _____

Our office policy is "payment is due at the time services are rendered".