

CONFIDENTIAL PATIENT INFORMATION

PLEASANT AVENUE DENTISTRY

Jay Jorgenson, D.D.S.

Steve Schell, D.D.S.

Welcome to the dental office of Dr. Jay Jorgenson and Dr. Steve Schell!

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: _____

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. _____

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: _____