

# WELCOME TO OUR OFFICE

Our goal is to provide the highest quality dental care through patient education and prevention. Utilizing a team approach, we evaluate each patient's unique needs to enhance their overall dental awareness and health. We are committed to do this in a comfortable environment that strongly encourages patient participation.

## Patient Information

Name \_\_\_\_\_  
                    First  MI  Last

Marital Status      Single                  Married                  Divorced                  Widowed

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone:    Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Whom may we contact in case of emergency? \_\_\_\_\_

Telephone: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_