

Basic Information

MASCI & HALE

Advanced Aesthetic & Restorative Dentistry
88 East Main Street Walden, New York 12586

Today's Date

Patient Info

Patient Name _____
Last First MI (Preferred Name)

Birth Date: _____ Gender: _____ SS #: _____

Tel: (H) _____ (W) _____ Ext: _____ Best time to call: _____

Address: _____

Street

Apartment #

City

State

Zip

Appointments

Preferred appointment times: Morning Afternoon Evening Flexible

Preferred appointment days: Mon Tues Wed Thurs

Billing Info

Party Responsible for Payment

Name: _____

Address: _____

Street

Apartment #

City

State

Zip

Social Security #: _____ Birth Date: _____

Tel: (H) _____ (W) _____ Ext: _____ Best time to call: _____

Relationship to Patient _____

If Above is Spouse, present status: Married Separated Divorced

Aesthetics

Yes No Are you happy with the appearance of your teeth?

Yes No Would you like your teeth to look whiter?

Yes No Would you like to see your smile look different?

Yes No Do you like the shape of your teeth?

Yes No Are you happy with the appearance of your lips?

Yes No Do you have discolored teeth that bother you?

Yes No Are you here for a specific reason?

Explain: _____

Which of the following would keep you from pursuing your dental treatment:

Cost Fear Lack of Time Lack of Importance

Signatures

Diagnostic materials may include intra-oral pictures, radiographs, digital radiographs, study models, photographs and/or slides. This material may be used for lectures, articles, marketing materials and/or publications. I understand the dental treatment presented to me is my financial responsibility. I further understand that all fees are due and payable up front, at the time services are rendered unless other arrangements have been made.

Print Name: _____

Signature: _____ Date: _____