

WELCOME TO STETZEL DENTAL GROUP

The benefits of a healthy, happy smile are immeasurable! Our goal is to help you reach and maintain that dental health.
Please fill out this form completely. The better we communicate, the better we can care for you.

PATIENT INFORMATION - Confidential

Name _____ Prefer to be called _____
First Middle Last

Birthdate _____ Male _____ Female _____ Soc. Sec. # _____ Marital Status _____

If patient is a minor: Mothers Name _____ Birthdate _____
Fathers Name _____ Birthdate _____

Mailing Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Employer's Address _____

Who referred you to our office? _____

DENTAL HISTORY

Reason for today's visit _____

Are your teeth sensitive to, circle: Cold Hot Sweets Biting/Grinding Other _____

Does food collect between your teeth? Circle: Yes No Do you use any tobacco products? Circle: Yes No

Have you ever had excessive bleeding after a dental extraction? Circle: Yes No

Have you ever experienced pain or discomfort in your jaw joint? (TMJ) Circle: Yes No

What do you like **least** about your teeth? _____

Date of last dental visit _____ Previous Dentist _____

RESPONSIBLE PARTY INFORMATION - Confidential

Name _____ Relation to Patient _____
First Middle Last

Address _____
Street City State Zip

How long at current address _____ Previous Address (if less than 3 years) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security # _____ Birthdate _____ No. Years Employed _____

Employer _____ Occupation _____

IF YOU HAVE DENTAL INSURANCE PLEASE PRESENT CARD

I realize that my insurance company, if any, has an obligation to me and not to the dentist. This office has no contractual arrangement with insurance carriers, therefore I am responsible to this office for payment of services rendered. I authorize this dental staff to perform any necessary dental services, with my informed consent, during diagnosis and treatment. I understand that where appropriate, credit bureau reports may be obtained.

SIGNATURE (Parent's signature if minor): _____ **DATE** _____

