

PATIENT INFORMATION UPDATE

Patient's Name _____

Date of Birth _____

Parent (s) and/or Legal Guardian (s) Information

Name _____

Address _____

How Long at this Address? _____ Home # _____

Place of Employment _____

How long employed there? _____

Work # _____ Cell # _____

Spouse _____

Spouse's Place of Employment _____

How long employed there? _____

Email Address _____

General Dentist _____

Name of Current Dental Insurance Provider _____

Telephone # for Insurance Provider _____

Is the patient currently being seen by a physician for disease or other illness?

No__ Yes__ Dr.'s Name _____ Phone # _____

If yes, please explain.

Please list the patient's current medications including over-the-counter or herbals.

Please list any allergies the patient may currently have.

⇒ I give my consent for the staff of Stokes Orthodontics to treat the orthodontic needs of the above-named patient.

Signature _____ Date _____

⇒ I understand that when appropriate, credit bureau reports may be obtained.

Signature _____ Date _____