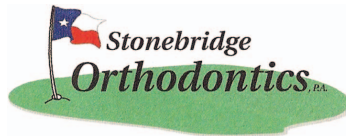




6960 Parkwood Drive Suite 100 ★ Frisco, TX 75034  
972-712-6862  
www.WiseOrthodontics.com



3109 Custer Road Suite 100 ☺ McKinney, TX 75070  
972-562-2228  
www.StonebridgeOrthodontics.com

UPDATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## patient information

PATIENT NAME.....  
LAST FIRST MIDDLE NICKNAME  
 ADDRESS.....  
STREET CITY STATE ZIP  
 HOME PHONE..... BIRTH DATE.....  
 IF PATIENT IS A MINOR, GIVE PARENT'S/GUARDIAN'S NAME.....  
 FAMILY DENTIST..... WHEN LAST SEEN?.....  
 IS ANY DENTAL WORK PENDING?..... PLEASE DESCRIBE.....  
 WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?.....  
 SCHOOL.....  
 SIBLING/CHILDREN INFORMATION:  
 NAME..... SEX..... DOB.....  
 NAME..... SEX..... DOB.....

## responsible party information

NAME..... MARITAL STATUS.....  
 RESIDENCE.....  
LAST FIRST MIDDLE  
 MAILING ADDRESS.....  
STREET CITY STATE ZIP  
 HOME PHONE..... WORK PHONE..... CELL PHONE.....  
 EMAIL..... HOW LONG AT THIS ADDRESS?.....  
 PREVIOUS ADDRESS (IF LESS THAN 3 YEARS).....  
STREET CITY STATE ZIP  
 SOCIAL SECURITY #..... BIRTH DATE..... RELATIONSHIP TO PATIENT.....  
 EMPLOYER..... OCCUPATION..... # YEARS EMPLOYED.....  
 SPOUSE'S NAME..... RELATIONSHIP TO PATIENT.....  
LAST FIRST MIDDLE  
 EMPLOYER..... OCCUPATION..... # YEARS EMPLOYED.....  
 SOCIAL SECURITY #..... BIRTH DATE.....  
 WORK PHONE..... CELL PHONE.....

## dental insurance information

INSURED'S NAME..... INSURED'S MEMBER ID #.....  
 INSURANCE COMPANY..... GROUP #..... PHONE.....  
 INSURANCE CO. ADDRESS.....  
 INSURED'S EMPLOYER.....

## emergency information

EMERGENCY CONTACT (not living with you)..... RELATIONSHIP.....  
 COMPLETE ADDRESS..... PHONE.....

I UNDERSTAND THAT WHERE APPROPRIATE, CREDIT BUREAU REPORTS MAY BE OBTAINED.

**SIGNATURE** (PARENT'S SIGNATURE IF MINOR)..... **DATE** .....

