



Welcome to our office!

We strive to incorporate new technology with excellence in patient care.

Please take a few minutes to answer questions that will help us better serve you.

| | | | |
|--|--------------------------|-------------------------|-------------------------|
| First Name: _____ | MI: _____ | Last: _____ | Preferred Name: _____ |
| Home Phone: _____ | Work Phone: _____ | Cell: _____ | |
| Date of Birth: _____ | Male | Female | SS#: _____ |
| Address: _____ | | City: _____ | |
| State: _____ | Zip Code: _____ | Marital Status: Married | Single Widowed Divorced |
| Employer: _____ | | | |
| State/Driver's License #: _____ | | Email: _____ | |
| Name of Primary Physician: _____ | | Phone: _____ | |
| Emergency Contact: _____ | Relationship: _____ | Phone: _____ | |
| Date of Last Dental Exam/Cleaning: _____ | Were X-rays Taken? _____ | Yes | No |

What is your primary concern regarding your teeth?

Are you experiencing any pain or discomfort, and if yes please describe?

How did you find Victorian Dental?

I certify that I have read and understand the questions above. I acknowledge that my questions have been answered to my satisfaction. I will not hold my dentist or any other members of his staff responsible for any errors that I have made in the completion of this form.

Adult/Guardian: I hereby consent to the treatment indicated on my examination form, including the use of any anesthetics, sedatives, or x-rays, as may be necessary by the Doctor.

Patient: _____ Date: _____

Parent/Guardian (if patient is a minor): _____ Date: _____