

Patient Registration Form

Patient Name: _____

Please help us understand your dental needs by answering the following questions:

Whom can we thank for referring you to our office?

What is the number one reason you came to the dentist today?

Do you have pain, popping or clicking in your jaw joint? If yes, please explain.

Do you have any history of trauma to the head or neck? If yes, please explain.

Do you snore?

Are you interested in whitening your teeth?

Are you interested in hearing about options to straighten your teeth?

What was the date of your last dental exam?

What is the most important thing to you when selecting a dental practice?