
Part 1: PATIENT INFORMATION

Name _____ Address _____ E-Mail _____
City _____ State _____ Zip _____ Birth Date _____ Sex _____
Home Phone _____ Work Phone _____ Employer _____
Soc. Sec. # _____ Spouse's Name _____ Student? ____ If yes, which school? _____
Cell Phone _____ Emergency Contact (Other than residence) _____ Relation _____

Part 2: INSURANCE INFORMATION

If you would like to use your dental insurance, please fill out the following and sign:

Insured's Name _____ Insured's Soc. Sec. # _____ Insurance Co. _____
Insured's relationship to patient _____ Insured's date of birth _____ Insured's Employer _____

I authorize payment directly to Bradley W. Hylan, D.M.D. Any portion of my bill not covered by insurance is my responsibility!!!

Signature _____ Date _____

Payment is expected at the time services are rendered. We accept cash, MasterCard, Visa, Discover, debit cards, and dental insurance. We also have a credit card plan available. If you would like to apply for that, please let us know!!!

Part 3: DENTAL QUESTIONS

How can we help you? _____ How did you hear about our office? _____

If you found our office on the internet, what category, terms and words did you search under? _____

Were you satisfied with your past dental treatment? ____ If not, why? _____

How would you describe a good dentist? _____

Are you pleased with the appearance of your teeth? Yes / No If no, what would you change? _____

Would you like whiter teeth? Yes / No Do your gums ever bleed? Yes / No

Do you snore or have sleep apnea? Yes / No Have you ever received treatment/appliances for this issue?

How would you describe your present dental health? _____

SIGNATURE _____ **DATE** _____