



**BEECHWOOD DENTAL CENTER**  
EXCEPTIONAL CARE TO ENHANCE YOUR SMILE

## New Patient

### PERSONAL INFORMATION

Full Name \_\_\_\_\_  
Mr. Mrs. Ms. Rev. Dr.

Today's Date \_\_\_\_\_

I prefer to be addressed as \_\_\_\_\_

Birthdate \_\_\_\_\_

Whom may we thank for referring you to our practice? \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Preferred contact E-mail Home Phone Work Phone Cell Phone Best time to call \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse / Partner \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Last dental visit \_\_\_\_\_ with Dr. \_\_\_\_\_

### PLEASE SELECT ONE BOX ON EACH LINE

My mouth is very comfortable My mouth is moderately comfortable My mouth is uncomfortable

My smile is excellent I would like to change my smile I am unconcerned about my smile

I will do whatever I must to keep my teeth I want to keep my teeth but only within a certain budget of time and money

I've done the dentistry recommended to me I've NOT done dentistry recommended to me Never been recommended

MY DENTAL HEALTH IS Excellent Good Fair Poor

Why have you made this appointment \_\_\_\_\_

Account name preference: Self Spouse

•Payment preference: Check Credit card (Visa, MC, AMEX, Discover) CareCredit