



## Patient Information

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Full Legal Name (First, Middle, Last)  Date of Birth  /  /  Age  Gender

Residential Address

City

State

Zip Code

Home Phone #

Cell Phone #

Work Phone #

Email Address

Driver's License #

Social Security #

May we contact you via email? (Circle one) Yes / No

Where and when are the best times to reach you?

## Employer Information

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Employer

Occupation

Employer's Address

City

State

Zip Code

## Dental Habits

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How often do you brush your teeth?  Weekly  Once a day  2+ times a day

How often do you floss your teeth?  Rarely/never  Daily  Other

How often do you visit a dentist?  1+ times a year  Every few years  Rarely/never

Do you have a family dentist? Yes / No

Dentist's Name (if applicable)

Last Visit



## Dental Condition

Issue	Yes	No	Details
Are you unhappy with the appearance of your teeth?			
Do your teeth/gums hurt?			
Do your teeth limit the foods you can eat?			
Do your teeth limit your ability to speak clearly?			
Do your teeth affect your confidence?			
Do you grind your teeth?			
Do your gums bleed or hurt?			
Have you lost teeth?			
Are any of your teeth loose?			
Have you had teeth removed/extracted?			
Have you had missing teeth replaced?			
Have you ever had gum surgery?			
Are your teeth sensitive to hot, cold, pressure, or sweets?			
Do you have a partial denture?			
Do you have a full denture?			

How is your current dental condition affecting you? \_\_\_\_\_

How would your life change with dental implants? \_\_\_\_\_

## Consent for 3-D CT Scan

During your initial consultation, we will take a complimentary diagnostic 3-D CT scan for our internal use only. The scan gives us the most accurate image of teeth and bone. We will discuss all available treatment options, along with pricing and financing, so you have all the information you need to make an informed decision about the best treatment option for you.

I understand that CT scan imaging is for internal use only. I authorize consent to the performance of this imaging procedure.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

