

Welcome  
Orthodontic Specialists, P.C.  
Examination Form

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. We also need a copy of your Driver's License and Insurance cards. If you have any questions we'll be glad to help you. We look forward to working with you.

Date \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

---

Patient Name/Self	Birthdate	Age	School
-------------------	-----------	-----	--------

---

Father's Name/Self	Birthdate	Home Phone
--------------------	-----------	------------

---

Address	City	Zip
---------	------	-----

---

Employer	Address	Phone
----------	---------	-------

---

Dental Insurance	S.S. Number	Driver's License
------------------	-------------	------------------

---

Mother's Name	Birthdate	Home Phone
---------------	-----------	------------

---

Address	City	Zip
---------	------	-----

---

Employer	Address	Phone
----------	---------	-------

---

Dental Insurance Co.	S.S. Number	Driver's License
----------------------	-------------	------------------

---

Step Parent	Address	Employment
-------------	---------	------------

---

Dental Insurance Co.	Birthdate	S.S. Number
----------------------	-----------	-------------

---

Referred by	Physician	Dentist
-------------	-----------	---------