

# WELCOME



We are honored you have chosen to join our amazing family at Cottonwood Creek Dental. The benefits of a Healthy, Beautiful Smile are Immeasurable. We are dedicated to exceeding your expectations while delivering the most advanced dental care available today. If you have any questions please feel free to ask anyone of us for assistance. Again, thank you for choosing us as your Dental Team!

## About you

Today's Date: ☐ male ☐ female

Patients Name:

Name you prefer to be called:

Birth Date:  Age:  SS#:

Home Phone:

Cell Phone:

Work Phone:

Home Address:

CITY  STATE  ZIP

E-mail Address:

Employer:

Occupation:

Spouses Name:

Do you have children: ☐ Y ☐ N If yes, how many:

Status: ☐ single ☐ married

Whom may we thank for referring you?

## Dental History

How can we help you today:

## Are You a Candidate For Cosmetic Dentistry?

How would you rate your smile: (worst) 1 2 3 4 5 (best)

Would you like your smile to be Whiter? ☐ Y ☐ N

## Dental Insurance

### Primary Dental Insurance

Co. Name:

Address:

CITY  STATE  ZIP

Phone #:  Group #:

Insured's Name:

Insured's ID#:

Relation:

Birth Date:  Employer:

### Secondary Dental Insurance

Co. Name:

Address:

CITY  STATE  ZIP

Phone #:  Group #:

Insured's Name:

Insured's ID#:

Relation:

Birth Date:  Employer:

## Emergency Information

In case of an emergency whom would you like us to contact:

Name:

Home Phone:

Cell Phone:

Work Phone:

Relation: