

Welcome!

Patient Information

Patient Name: _____ Date: _____
Last First MI

Male Female Married Single Child Other _____ Birth Date: _____

Social Security # _____ Driver's License # _____ State _____

Phone (Home): _____ (Work): _____ Ext: _____ Best time to call: _____

**Confirmation/Text Message System, Dr. Hinkle requests that you please use the text message and/or e-mail reminders.
In the event you do not have an e-mail or text message, you will receive a phone call.**

(Cell) _____ E-Mail: _____ Fax: _____

Address: _____

Street

Apartment #

City

State

Zip Code

Please help our team make sure we have the most current information, by supplying your most recent insurance card and a photo ID.

Referral Information

Whom may we thank for referring you to our practice? Another patient, friend Another Doctor Dental Office

School Work Other _____

Name of person referring you to Dr. Curt Hinkle: _____

On a scale of 1-10 with 10 being the highest rating:

How important is dental health to you? 1 2 3 4 5 6 7 8 9 10

How would you rate your current dental health? 1 2 3 4 5 6 7 8 9 10

Is there anything about your smile that you do not like? _____

Are you interested in knowing the options available for a more beautiful smile? _____

Do you like the appearance of your teeth? _____

Are all of your teeth in alignment (straight)? _____

Do you have any missing teeth? _____ Are any chipped? _____

Is your bite comfortable when chewing, biting? _____

Do you have frequent headaches? _____

Do you have any old fillings or dental treatment that you are unhappy with? _____

What would you like to change the most about the appearance of your teeth? _____

Is there anything else that you would like us to know? _____

Thank you for choosing Dr. Curt Hinkle