

Welcome to our office.
So that we might become better acquainted, please complete both sides of this form.

ADULT PATIENT INFORMATION

Patient's Name _____ Prefers to be called _____
Sex _____ Social Security # _____ Age _____ Birth date _____
Address _____ City/State/Zip _____
Home Phone _____ Cell Phone # _____
Email Address _____ Referred By _____
Patient's Dentist _____
Do you know a patient who is currently in our practice? _____ If so, who? _____
Who noticed the orthodontic problem? Patient ___ Dentist ___ Other _____
Describe the problem _____
What concerns you most about orthodontic treatment? (Appearance in braces/cost/length of time/discomfort/results) _____
Occupation _____ Employer _____
Work Address _____ Phone _____
Hobbies/Interests _____

FAMILY AND ACCOUNT INFORMATION

Spouse's Name _____ Social Security # _____
Occupation _____ Employer _____
Work Address _____ Cell Phone # _____
Person Responsible for Account Payment _____
If other than self or spouse:
Name _____ Relationship _____
Address _____ City/State/Zip _____
Occupation _____ Employer _____
Work Address _____ Phone _____

OrthoBanc Credit Authorization

I hereby authorize OrthoBanc, LLC, on behalf of Dr. Brett Fidler to obtain a copy of my credit report from a credit reporting agency for the purpose of considering payment options. **NOTE:** Obtaining an OrthoBanc credit recommendation does not alter the responsible party's credit score in any way.

INSURANCE INFORMATION

A dental insurance policy is a contract between the insured and the insurance company. Our professional services are rendered and charged directly to the patient's account and the person responsible for the account is responsible for payment of all fees incurred. For your convenience, we will gladly assist you in submitting your insurance claim by providing you with the necessary orthodontic form, filling in our part, and mailing it for you.

Signature of Person Responsible for Payment _____ Date _____