



Robert D'Alfonso, DDS, PA

"Change Your Smile, Change Your Life."

Name (Last) (First) (MI) (Preferred Name)

Date of Birth Social Security Number Driver's License # State

Marital Status (Circle One): Single Engaged Married Divorced Separated Widow Life Partner

Home Address (Street) (City) (State) (Zip Code)

CIRCLE ONE: Home Cell Work

Home Phone Number Cell Phone Preferred Number

Name of Employer/Occupation Work Phone Number

Business Address (Street) (City) (State) (Zip Code)

INSURANCE INFORMATION (If applicable): [] NONE
Dental Insurance Group # Phone Number
Name of Primary Policy Holder ID # Relationship to you
If different than above:
Their Date of Birth Their Social Security Number Their Employer Name

In case of Emergency, call: Home Address Home Phone

Name of Primary Care Physician Phone Number

How did you hear of Dr. D'Alfonso?

Do you prefer email correspondence? Yes ___ No ___ Email address: _____

NAME: _____ DOB: _____ DATE: _____

Reason for visit: _____

What is the approximate date of last dental visit: _____

QUESTIONNAIRE:

Are your teeth sensitive to hot, cold, sweets, or biting pressure? Yes _____ No _____

Are you dissatisfied with your teeth in any way? Yes _____ No _____

Do you wish your teeth were whiter? Yes _____ No _____

Do you wish your teeth were straighter? Yes _____ No _____

Do you have any old silver fillings that show when you smile? Yes _____ No _____

Are you aware that you clench or grind your teeth, while sleeping or during the day? Yes _____ No _____

Do you snore? Yes _____ No _____

To the extent permitted by law, I consent to Lakeway Center for Cosmetic Dentistry & Implant Surgery use and disclosure of my protected health information to carry out payment activities in connection with the dental claims as well as in contact with my primary care physician.

Print Name

Sign Name

Date

Print Name*

Sign Name*

Date*

*If guest was assisted with this form or is a **minor** (less than 18 years old) parent or legal guardian must sign above.*

Thank you so much for being our guest! We would feel honored to welcome your friends and family into our dental office. We would love to have more guests like you!

As a courtesy to all our guests, our team offers a reminder text and/or email prior to all appointment. What is the best way to contact you to confirm a reserved appointment time?

Please check **two** contacts:

Home _____ Work _____ Cell _____ Email _____ Mail _____