

Welcome

Thank you for choosing our dental team! We constantly strive to provide the most up-to-date dental care available. To help us meet your dental needs, please completely fill out these forms. Thank you for your cooperation.
Dr. Burn and Staff

PERSONAL INFORMATION

Date _____
Full Name _____ Preferred Name _____
Address (Street/Apt#) _____
City/State/Zip _____
Birth Date _____ Age _____ Single Married Divorced Widowed
Social Security # _____ Driver's License # _____
Employer _____ Occupation _____
Hobbies _____ Sex: M F
Who may we thank for referring you to our team? _____

HOW MAY WE CONTACT YOU?

Home# _____ Work# _____ Ext# _____
Cell Phone# _____ Pager# _____
Email Address _____
Where do you prefer to receive calls? Home Work Cell Pager
When is the best time of day to reach you? _____
Who should we call for you in case of emergency? _____

RESPONSIBLE PARTY

Name _____ Relationship to Patient _____
Address _____
City/State/Zip _____
Social Security# _____ Driver's License# _____
Home Phone# _____ Work Phone# _____