



NEW PATIENT FORM

Thank you for selecting our dental team! We will always offer you the most current dental care available. To help us to better serve you, please fill out these forms for us. Thank you for your cooperation.

Dr. Sutton and Team

Today's Date: _____

PERSONAL INFORMATION

Name: _____ Social Sec. #: _____ Date of Birth _____
Preferred First Name: _____ Male Female Minor Single Married
Name of Spouse: _____
Address: _____ City, State, Zip: _____
Your Employer: _____ Your Occupation: _____
Spouse's Employer: _____ Spouse's Occupation: _____
How did you hear about our office? _____

RESPONSIBLE PARTY

Name: _____ Relation to patient: _____
Date of Birth: _____ Social Sec.#: _____ Driver's License#: _____
Is this person currently a patient in our office? Yes No

HOW MAY WE CONTACT YOU?

Home Phone #: _____ Work Phone #: _____ Ext: _____
Cell Phone #: _____ Pager #: _____
E-mail: _____ Fax #: _____
Where do you prefer to receive calls? Home Work Cell
When is the best time to reach you? Time: _____ Day: _____

INSURANCE INFORMATION

Do you have a dental benefit plan? Yes No
If yes, what carrier? _____ Insurance Phone #: _____
If yes, name of insured: _____
SS# _____ D.O.B. _____
Do you have secondary coverage? Yes No
If yes, what carrier? _____ Insurance Phone #: _____



HOW CAN WE MAKE YOUR APPOINTMENT MORE COMFORTABLE?

Would you like:

- Fresh coffee when you arrive?
- A personal CD player to listen to during your treatment?
- A blanket to help keep you warm?
- A paraffin wax treatment for your hands?
- Sunglasses to wear during your appointment?
- A pillow to help support your neck?
- To use a chair massage pad?

Anything that we have not thought of? _____

WHAT DID YOU NOT LIKE ABOUT YOUR PAST DENTAL APPOINTMENTS?

- Was the treatment uncomfortable?
- Was the staff unfriendly?
- Were the fees not explained before your appointments?

Anything that we have not thought of? _____

WHAT IS THE FIRST THING YOU WOULD LIKE US TO HELP YOU WITH?

Please list in order of importance:

PHOTOGRAPHIC RELEASE

Dr. Sutton and his team often take digital photos in order to properly document the condition of your teeth and gums. Additionally, these photos will help us to make more accurate diagnoses and may be used to better explain your existing dental health. Dr. Sutton may publish articles and make presentations to other dentists where these photos are invaluable in explaining the latest techniques and the results that can be achieved when done precisely. My signature acknowledges that photographs of me may be used for educational purposes as stated above.

Signature of Patient

Date