LEVISON DENTAL

Thank you for selecting our dental healthcare team!
We strive to provide you with the best possible dental care.
To help us meet your dental healthcare needs,
please fill out this form completely.
If you have any questions or need assistance, please just ask.
We will be happy to help.

Patient Information

(Confidential) Today's date:_____

Mr. Mrs. Miss Ms. Dr._____Date of Birth:_____Age:_____
Circle one First Name Mi Last Name
How would you like to be addressed?_____Soc.Sec.#_____
Marital status: (circle) S M D W P Sex: (circle) M F
E-mail address:_____

Address:_____
Street City State Zip
Home Phone #_____Work#_____
Cell#_____ Best phone number to reach you (circle): Home Work Cell

How would you like to be reminded of appointments (circle all)? Phone Postcard Email Text
Employer:_____Occupation:_____
If Student, name of School
Spouse/Parents Name:_____Work#_____Cell#_____
Employer:_____Occupation:_____

Person Responsible for Account (circle one): Self Other
Name of Other: _____Phone#_____
Address:_____

Whom may we thank for referring you?_____
Emergency Contact not living with you:
Name_____Phone#_____

Patient Comfort

Our office strives to make your dental treatment as comfortable and relaxing as possible. Please circle any of the following items that you may like to try.

Neck Pillow	Back Pillow	Nitrous Oxide Sedation (laughing gas)
Soft Blanket	Music Headphones	Oral sedation (anti-anxiety medication)
Happy Hour!	Other_____	