W. NETTLES GREEN, D.M.D., M.S.

WELCOME TO OUR OFFICE

— Please Print —

DATE OF BIRTH			DATE		
Patient's Name			Age So	ex: Male □ Fe	emale □
	st Middle Illed	Last	Telephone Num	ber	
Home Address			Zip Co	ode	
Patient's Hobbies or Interests					
Patient's Dentist		Date of La	st Visit		
IS THERE SOMEONE OTHER	THAN YOUR DENTIST THAT V	VE MAY THANK	FOR REFERRING YO	U TO OUR OFFI	CE?
	TIENTS, ETC.)				
Patient's Occupation	SS#		Work Phone		
Employer	Address		City		
How long with this employer?	Address				
Marital Status: Mar	? ried □ Divorced □ Separate	ed □ Single □	Widowed □		
Email Address					
Spouse's Name	SS#		Work Phone		
Spouse's Occupation	Address		How long with p	resent employer?	
Spouse's Employer	Address		City		
Person responsible for accoun	ıt		Phone		
Responsible party's address	ıt	City	State	Zip	
How long at this address?	Previous address (if less th	an 3 years)			
Do you have insurance which	covers orthodontics?	Insurance of	company name		
Name of Insured	Group #		Insured's Date of	f Birth	
	f a physician for a specific proble				
	urrently taking				
List any drug allergies					
	ness, accident or operation?				
If so, list.					
	PLEASE CHECK THE FOL	LOWING AS TH	JEV ADDLV		
☐ Bone Disorder	☐ High Blood Pressure		gies or Asthma	☐ Speech Pro	hlems
☐ HIV/Aids	☐ Head or Facial Injury		matic Fever	□ Emotional	
☐ Heart Trouble/Disease	□ Tonsilitis	□ Diabe		□ Endocrine	
☐ Kidney Disease ☐ Hepatitis/Liver Disease	☐ Hearing Disorder☐ Ear Infections	□ Epilep	ing Problems	□ Nervous D □ Adopted	osorders
Have there been any injuries t		HISTORY		□Vos	
Have there been any injuries to	to the face, mouth, or teeth?			\(\subseteq \text{Yes} \)	□No
Has the patient ever sucked a	thumb or fingers?			Yes	□ No
Until what age?					
Has an orthodontist been consulted previously?				\(\subseteq \text{Yes} \)	□No
Has the patient had any previous orthodontic treatment?					□ No
Have you been informed of ar	ny missing or extra permanent tee	eth?			□ No
Please list any family member	s previously treated here.				
What is your main concern wi	ith your teeth?				
	THAN	NK YOU			
Member American Association of					
Orthodontists					

Signature