

PLEASE SUPPLY ALL REQUESTED INFORMATION. WE HAVE A VERY HUNGRY COMPUTER.

**ADULT PATIENT INFORMATION**

NAME \_\_\_\_\_ MR. MS. MRS. MISS DR.  
LAST FIRST MI PREFERRED TITLE - CIRCLE ONE

ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

( ) - ( ) - ( ) -  W  H ( ) -  
HOME PHONE BUSINESS PHONE EXT FAX CELL PHONE

Social Security Number \_\_\_\_\_

\*You may decline to give your Social Security Number. This may affect the filing of insurance claims or the granting of credit.

E-MAIL ADDRESS (EXACTLY, PLEASE) \_\_\_\_\_ M F  
GENDER DATE OF BIRTH

EMPLOYED:  FULL TIME  PART TIME  RETIRED  NOT EMPLOYED OUTSIDE THE HOME  STUDENT

\_\_\_\_\_  
PATIENT'S EMPLOYER EMPLOYER'S ADDRESS - STREET & NUMBER CITY STATE ZIP

**I LEARNED OF YOUR OFFICE FROM:**  ANOTHER PERSON (NAME) \_\_\_\_\_  
 DR. ROSS' WEB SITE  FACEBOOK  TWITTER  DR. ROSS' BLOG  YELLOW PAGES  
 DEAR DOCTOR MAGAZINE OR DEAR DOCTOR WEB SITE  SEARCH ENGINE (which?) \_\_\_\_\_  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

*"I understand and consent that x-rays, photographs, slides, videos and/or other documentation will be used as a record of my care and may be used for educational purposes by Dr. Ross in lectures, demonstrations, display albums, professional publications, and as illustrations for education on the office's web sites. My name and/or other identifying information will kept confidential unless I specifically consent otherwise. I do not expect compensation, financial or otherwise, for the use of these materials."*

*"I authorize the release of dental and/or medical records that are in the possession of any dental, medical or other health facility to the office of Dr. Steven B. Ross".*

Office to contact: \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ You will Sign this form in office Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and address of a person to contact in an emergency who does not live with you:

**What is there about your mouth and teeth that is not as good as you would like it to be?**

- I would like them to be whiter.  I would like them to be straighter.  I do not like my smile.
- I believe I may have decay and/or cavities.  My gums bleed.  I believe I may have gum problems.
- I have older dark metal fillings.  My teeth are sensitive.  My teeth hurt.  **Something else (tell us below):**