

Mintyfresh Dental & Orthodontics

Welcome to our office! We appreciate the confidence you place in us.

To assist us in serving you, please complete the following forms.

Patient Name _____ Date of Birth _____ Sex _____ Age _____

Guardian (if minor) _____ Date of Birth _____

Home address _____ City _____ State _____ Zip: _____

Cell # _____ Home _____ Work _____

Email _____ Emergency Contact _____

How do you prefer to have your appointments confirmed? Cell Home Work Email (circle one)

Employer/Occupation _____ Social Security # _____

Primary Dental Insurance _____ Phone _____

Subscriber ID# _____ Group ID _____

Subscriber Name _____

Date of Birth _____ Social Security # _____

Secondary Dental Insurance _____ Phone _____

Subscriber ID# _____ Group ID _____

Subscriber Name _____

Date of Birth _____ Social Security # _____

Date of last dental visit _____

How did you hear about us? _____