

Joseph H. Wilbanks, D.D.S., P.C.
Comprehensive Dentistry

Welcome to our office. We will do our best to make your appointments as convenient and pleasant as possible. If at any time you have any questions regarding your treatment, your appointments, or fees, please feel free to ask. We look forward to working with you in achieving and maintaining optimal dental health.

Patient Information

Date _____

Patient Name _____
Last, First M (Preferred Name)

Address _____
Street City State Zip

Phone (Home) _____ e-mail address _____ Social Security # _____

Birth Date _____ Age _____ Sex: F M Married Single Child

If patient is a minor, give parent's or guardian's name _____

How did you hear about our office? Another patient, friend Another patient, relative Yellow Pages Other

Name of person referring you to our office: _____

Responsible Party Information

Name _____
Last First M Marital Status

Mailing Address _____
Street City State Zip

How long at this address _____ Home Phone _____ Work Phone _____

Social Security # _____ Birthday _____ Relationship to Patient _____

Employer _____ Occupation _____ No. Years Employed _____

Spouse's Name _____ Relationship to Patient _____
Last First M

Employer _____ Occupation _____ No. Years Employed _____

Social Security # _____ Birthday _____ Work Phone _____

Emergency Information

Emergency Contact _____ Phone _____
(Nearest Relative not living with you)

Address _____
Street City State Zip

Signature (Parent's signature if minor) _____

