PARKER ORTHODONTICS
your smile · inspired
500 Kenwood Avenue
Delmar, NY 12054
518.439.9339 Phone
info@parkerortho.com

DAMON SYSTEM
More than straight teeth

Member American Association of Orthodontists

Patient Information (Adult)

Welcome!

Date:_____

NAME:_____
First middle last

Address:_____
Street city state zip

E Mail Address:_____

TELEPHONE

Home:_____Work:_____

Fax:_____Cell:_____

When is the best time to reach you?_____

Best day?_____Where_____

In the event of an emergency, who should we contact?

Name:_____

Relationship:_____

Work #:_____Home #:_____

Birthday:

_____

√ Check appropriate box:

❑ Single
❑ Married ❑ Divorced
❑ Widowed ❑ Separated

Patient's Employer:_____Occupation:_____

Business Address:_____
street city state zip

Spouse's Name:_____Employer:_____Work Phone:_____

If patient is a student,
Name of school/college:_____City_____State_____Zip_____

Whom may we thank for referring you?_____

Hobbies: _____

Responsible Party

Name of person responsible for this account:_____Relationship: _____

Address:_____
street city state zip

Home Phone:_____Soc. Sec. #_____ Birthdate_____

Employer:_____Work Phone:_____

Is this person currently a patient in our office? ❑ Yes ❑ No