

Adult Patient Information



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All information in this area pertains to you

Today's date: _____

Patient name: _____ Male Female Age: _____
(Last, First, Middle)

Address: _____ City: _____ State: _____ ZIP: _____

Home phone: _____ Cell phone: _____ Work phone: _____

SSN: _____ Birth date: _____

Email: _____

Employed by: _____ Position: _____

Please describe the concerns that brought you to our office:

How did you hear about us?

- General dentist _____
- Staff member _____
- Friend/Family _____
- Commercial/NEWSureSmile.com
- Location
- Internet search
- Invisalign website
- Patient _____
- Other _____

Other family members who are patients in our office: _____

Spouse's Information (if applicable)

Name: _____ SSN: _____ Birth Date: _____
(Last, First, Middle)

Home address: _____ City: _____ State: _____ ZIP: _____
(complete only **if different** from patient's information)

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Employed by: _____ Position: _____

Account Information

Person(s) responsible for paying this account: _____
(Your account will be set up in this name)

Relationship to patient: _____

Home address: _____ City: _____ State: _____ ZIP: _____
(only **if different** from your information)

Home phone: _____ Cell phone: _____ Work phone: _____

SSN: _____ Birth date: _____

Email: _____ Employed by: _____

I understand that a credit bureau report will be obtained as Apple Creek Orthodontics, Ltd. offers interest-free payment plans dependent on credit history.