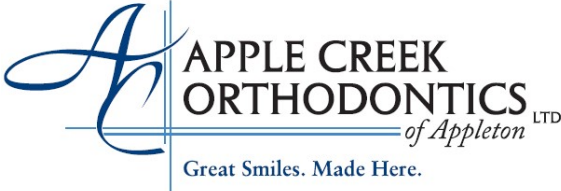


Minor Patient Information



James J. Tomassetti, DMD
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Edward Y. Lin, DDS, MS
Andrew W. Eichholz, DDS, MS

All information in this area pertains to the patient

Today's date:
Patient name: (Last, First, Middle) Male Female Age:
Address: City: State: ZIP:
Home phone: Birth date:
Patient Email:

Please describe the concerns that brought you to our office:

Other family members who are patients in our office:

How did you hear about us?
General dentist
Staff member
Friend/Family
Commercial/NEWSureSmile.com
Location
Internet search
Invisalign website
Patient
Other

Mother's Information (all info in this area refers to patient's mother) Single Married Divorced

Name: (Last, First, Middle) SSN: Birth Date:
Home address: (complete only if different from patient's information) City: State: ZIP:
Home phone: Cell phone: Work phone:
Email:
Employed by: Position:

Father's Information (all info in this area refers to patient's father) Single Married Divorced

Name: (Last, First, Middle) SSN: Birth Date:
Home address: (complete only if different from patient's information) City: State: ZIP:
Home phone: Cell phone: Work phone:
Email:
Employed by: Position:



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Diplomate, American Board of Orthodontics

Edward Y. Lin, DDS, MS
Diplomate, American Board of Orthodontics

Today's date: _____

Stepmother's Information (all info in this area refers to patient's stepmother)

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: _____

Stepfather's Information (all info in this area refers to patient's stepfather)

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: _____