

Ana R. Ortiz, DDS

Dr. Ortiz and her wonderful staff are pleased that you have chosen us to care for your SMILE! If there is anything we can do to make your visit more comfortable, please let any one of us know!

Date _____

PERSONAL INFORMATION

Name _____ Date of Birth ____/____/____ Age _____

I prefer to be called _____ Home Address _____

City _____ State _____ Zip Code _____

Marital Status: Single Married Divorced Separated Widowed

Home# _____ Work# _____ Cell# _____

E-mail: _____ (Would you like your appointments confirmed by e-mail?) YES / NO

Where and when is the best time to reach you? _____

How did you hear about our office: Beach Reporter SEA Employee magazine Website Insurance
(Circle all that apply) FAMILY FRIEND Sign outside Dr.

ACCOUNT INFORMATION

Occupation _____ How long there? _____

Your Employer _____ DL# _____
SS# _____

Business Address _____
City _____ State _____ Zip Code _____

Name of Spouse _____ SS# _____

Employer _____ Occupation _____ How long there _____ Telephone _____

Person Responsible for Account _____

Relationship _____ SS# _____

Billing Address _____

PRIMARY DENTAL INSURANCE

Insurance Co. Name _____ Group# _____

Insured's Name _____ Insured's DOB ____/____/____

Insured's SS# _____

SECONDARY DENTAL INSURANCE

Insurance Co. Name _____ Group# _____

Insured's Name _____ Insured's DOB ____/____/____

Insured's SS# _____

GETTING TO KNOW YOU...

Other family member's seen by us: _____

Emergency Contact: _____ / _____ / _____
Name Relation Wk# Hm#

Have you ever had an unfavorable dental experience? _____

Why did you leave your last dentist? _____

Is there anything we can do to make your experience a pleasant one? _____

THANK YOU! Continue with Medical/Dental History ----->