



OMG Smiles

Specializing in Orthodontics for Children, Adolescent and Adults

508-827-8887



PERSONAL INFORMATION & ORTHODONTICS SCREENING FORM

Patient Information			
Name		Nickname	DOB
E-mail		Age	Gender F / M / X
Mobile#	Alternate Phone#		
Address	City	State	Zip Code
Emergency Contact	Phone	Relationship to Patient	
General Information			
Dentist Name		Would you like to get braces today?	
Are you looking for a new dentist?		Referred by	
Reason for visit? concerns?			
Person Responsible for Account			
Responsible Name		Relationship to Patient	DOB
Email		How do you prefer to be contacted? Phone / Text / Email	
Mobile#		Alternate Phone#	
Address	City	State	Zip Code
Additional Responsible			
Responsible Name		Relationship to Patient	DOB
Email		How do you prefer to be contacted? Phone / Text / Email	
Mobile#		Alternate Phone#	
Address	City	State	Zip Code
Insurance Information			
A dental policy is a contract between the insured and the insurance company. Our professional services are rendered and charged directly to the patient's account and the patient or person responsible for the account is responsible for payment of all fees incurred.			
Insured's Name		DOB	ID#
Primary Ins. Company		Employer	Group#
Relationship to Subscriber		Policy#	Effective Date
Insured's Name		DOB	ID#
Secondary Ins. Company		Employer	Group#
Relationship to Subscriber		Policy#	Effective Date

Please complete the BACK SIDE of this form, Thank You!