

# New Patient Information Sheet

Thank you for choosing us to take care of your dental needs! Please fill out the below information.

If you have any questions, feel free to ask one of us. Please note: This sheet will be shredded after we input the information into the computer.

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
                    First                    Middle                    Last

Address: \_\_\_\_\_  
  Street  Apt.#  
\_\_\_\_\_  
                                    City                                    State                                    Zip Code

Phone Number: [ ] cell [ ] home: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

E-mail Address: \_\_\_\_\_ Do you prefer to receive reminders via text or email? [ ] text [ ] email

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: [ ] cell [ ] home: (\_\_\_\_) \_\_\_\_\_

Whom can we thank for referring you to us? \_\_\_\_\_

**RECEIVE A FREE DENTAL TRAVEL KIT!** Check-in on Yelp or Facebook and show our receptionist to receive your gift.

**We value and appreciate your feedback! After your visit today, let us know how we did!**  
**You can review us on our website, [www.laspositasfamilydental.com](http://www.laspositasfamilydental.com), on Yelp, Google, or Facebook. Thank you!**