Mark L. Obman, D.D.s., P.A.

Welcome to Our Practice! This confidential information will help us prepare for your visit.

NAME ______________________________
Mr Mrs Ms Rev Dr

I prefer to be addressed as ______________________

Birthdate ___/___/___ SS# ______-____-________

Address ______________________________

______________________________ Zip ________

❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated

Home # ______________ Work # _____________ Ext ____

Employer ______________________________

Address ______________________________

Occupation ________________________ There for ___ yrs

Where and when is best to reach you? ________________

Who referred you to our office? ____________________

Other family members seen by us ___________________

Last dental visit ______________________________

Seen by Dr. _______________ for ________________

Spouse's Name ______________________________

Birthdate ___/___/___ Work # ______________________

Employer ______________________________

Address ______________________________

Occupation_________________________There for ____yrs

Account Information

Name on Account ❑ Self ❑ Spouse ❑ Other

Preferred Payment Arrangements (please check one)

❑ Cash or personal check at time of treatment

❑ Visa or MasterCard at time of treatment

❑ I wish to establish credit with your office for personalized financial arragements. I authorize a credit history report.

Why have you made this dental appointment?

____

Why have you decided to leave your previous dental office?

____

Please check one box in each section

❑ My mouth is very comfortable.
❑ My mouth is moderately comfortable.
❑ My mouth is uncomfortable.

❑ I think the appearance of my smile is excellent.
❑ I am satisfied with the appearance of my smile.
❑ I would like to change my smile.
❑ I am unconcerned about the appearance.

❑ I will do whatever I must to keep my teeth.
❑ I want to keep my teeth but only within certain a budget of time and money.
❑ I am indifferent about keeping my teeth.

❑ I have always done what was recommended to me.
❑ I have not done what was recommended to me.
❑ I have not had dentistry recommended to me.

❑ I put dental care high on my list for myself.
❑ I put dental care low on my list.
❑ I have never considered where I put dental care.

❑ I think my present state of dental health is excellent.
❑ I think my present state of dental health is good.
❑ I think my present state of dental health is poor.

Obstacles I see to excellent dental health for myself...
If you select more than one of the following please number them in order of significance with #1 being that which is most significant for you at this time.

_____ I see no obstacles

_____ Time away from work or other obligations

_____ Fear of pain, *surgery*, or injections

_____ Fear because of past dental experiences

_____ The cost of treatment

_____ Other ______________________________