

DATE _____

BRONSKY **ORTHODONTICS**

Our major goal at Bronsky Orthodontics is to provide the highest quality orthodontic care to you and your family. The experience of being a Board Certified Orthodontist has taught me that family health care begins with your first telephone call to our office and continues for a lifetime. We offer a team of a highly trained doctor and staff in a pleasant and friendly environment.

ORTHODONTIC PATIENT INFORMATION

PATIENT NAME _____
PATIENT DATE OF BIRTH _____
AGE _____
FAMILY DENTIST _____
DENTIST ADDRESS _____

Father's Name _____
Father's Address _____
Phone # _____
Father's Birthdate _____ Father's Occupation _____
Father's Employer _____ Phone # _____
Employer's Address _____

Mother's Name _____
Mother's Address _____
Phone # _____
Mother's Birthdate _____ Mother's Occupation _____
Mother's Employer _____ Phone # _____
Employer's Address _____

Financially Responsible Party Name _____
Relationship _____ Address _____

Family Dentist _____ Address _____
Family Physician _____ Address _____

Family Status: List brothers and sisters with their birth dates -
Name _____ DOB ___/___/___ Name _____ DOB ___/___/___
Name _____ DOB ___/___/___ Name _____ DOB ___/___/___

PARENT'S MARITAL STATUS: Single Married Separated Divorced
PATIENT LIVES WITH _____

I/WE WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED FOR THE ABOVE NAMED PATIENT:

Print Full Name Signature (in ink) Date

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WE WOULD LIKE TO THANK THOSE PEOPLE WHO REFER PATIENTS TO OUR OFFICE AND WOULD APPRECIATE YOUR COMPLETING THE FOLLOWING QUESTIONS:

1. Has any member of your family been treated by:

_____ Dr. Peter Bronsky _____ Other
_____ None of the above

2. Did a family member recommend Dr. Bronsky?

_____ Yes, the family member's:
Name _____
Address _____

3. Did a friend recommend Dr. Bronsky?

_____ Yes, the friend's:
Name _____
Address _____

4. Has that friend or family member been treated by?

_____ Dr. Peter Bronsky _____ Other
_____ None of the above

5. Did your family dentist or physician recommend Dr. Bronsky?

Referring Dentist _____ Phone #: _____

Referring Physician _____ Phone #: _____

Referring Hygienist or Assistant (circle) _____

6. If you were not referred to us by a physician, dentist or a relative, how did you select Bronsky Orthodontics, P.C.?

Thank you very much for your time and assistance.