



4305 Garfield #225 Midland, TX 79705 432-685-7011 www.Boylesgeneraldentistrymtx.com

Welcome to our office!

We sincerely appreciate you choosing us as your dental office and look forward to serving your dental needs!

Patient's Name: _____ (Last) (First) (Middle)

Patient's Date of Birth: _____ Age: _____ Sex: (M) (F) Ht: _____ Wt.: _____ lbs

Parent or Responsible person's name: _____

Address (of responsible person): _____

City, State, Zip Code: _____

Telephone Numbers: _____ (Home) (Business) (Cell)

Please circle phone # preferred for confirming appointments

Email address (also used for confirming appointments): _____

Occupation: _____ Employer: _____

Marital Status:(Single) (Married) (Divorced) (Widowed)Spouse's Name: _____

Spouse's Employer: _____ Bus. phone _____ Cell _____

Dental Insurance Co: _____ SS#: _____ (SS# required for filing insurance) Spouses SS#: _____

Emergency contact person: _____ Phone: _____

What is the reason for today's visit? _____

Who can we thank for REFERRING YOU? _____

I agree to assume full financial responsibility for all the dental treatment rendered. I consent to the dental procedures and anesthetics that are considered necessary for the proposed treatment that will be fully discussed and understood prior to proceeding. I also permit the release of any information to or from my physician as may be required and attest that the following health history is accurate and fully disclosed to the best of my knowledge.

Signature of Patient, Parent or Guardian Signature of Dentist/Witness Date

Are you having any discomfort at this time? _____ How long since you have seen a dentist? _____

How long since cleaning? _____ Have you ever had gum treatments? _____ When? _____

Are your teeth sensitive to: Heat? Cold? Sweets? Pressure? Where? _____

(See back for more)

