Gregory S. Dyer, D.D.S., M.S.

3414 Handy Road - Tampa, FL 33618 - (813) 963-0984

PATIENT INFORMATION FORM

PATIENT **Date**_____

Patient's Name_____ Pref. Name_____ Gender M/F
Address_____City_____State_____Zip_____
Birthdate_____ Age_____ Home Ph#_____ Cell Ph#_____
School (If Applicable)_____Grade_____ Interests_____
If patient is a minor, parent's/guardian's name_____
Siblings/Children in family? Y/N Names & Ages_____
Names of any friends or relatives in our practice_____
Whom may we thank for referring you?_____
Patient's orthodontic concern_____
Who will be responsible for making appointments?_____ Phone#_____

RESPONSIBLE PARTY

Responsible Party/Insured_____Relationship to patient_____
Address_____City_____State_____Zip_____
Home Ph#_____ Wk Ph#_____ Cell Ph#_____
Email_____Birthdate_____
Soc. Sec.#_____Employer_____Occupation_____
Spouse's Name_____ Wk Ph#_____ Cell Ph#_____
Other Parent/Insured (If Applicable)_____
Address_____City_____State_____Zip_____
Home Ph#_____ Wk Ph#_____ Cell Ph#_____
Email_____Birthdate_____
Soc. Sec.#_____Employer_____Occupation_____

INSURANCE

Do you have dental insurance? Yes___ No___ Orthodontic Coverage? Yes___ No___
If yes, please provide the front desk staff with your insurance information.

MEDICAL INFORMATION

Physician's Name_____
Tonsils Removed? Y/N Date_____ Adenoids Removed? Y/N Date_____
Other Operations_____
Serious Illness/Disorders:
Heart Trouble Y/N Hepatitis Y/N Epilepsy Y/N Liver Y/N Aids Y/N
Rheumatic Fever Y/N Diabetes Y/N Bleeding Y/N Gland Y/N Other_____
If presently under medical care, for what?_____ Medications_____
Allergies_____ Drug Reactions_____ Headaches_____

Signature (Parent or guardian if patient is minor)_____Date_____