Shandrick
Dental Care Studios
ROBERT S. SHANDRICK DMD, FAGD
exceptional dentistry for exceptional smiles

1 PATIENT INFORMATION

Patient Name: _____
Last First MI

☐ Male ☐ Female ☐ Married ☐ Single ☐ Child

Social Security #: _____

Birth Date: _____

Home #: _____ Work #: _____

Cell #: _____

E-Mail Address: _____

Address _____
Street Apt. #

_____
City Zip Code

SPOUSE OR RESPONSIBLE PARTY INFORMATION

The following is for: ☐ the patient's spouse
☐ the person responsible for payment

Name: _____
Last First MI

☐ Male ☐ Female ☐ Married ☐ Single

Social Security #: _____

Birth Date: _____

Home #: _____ Work #: _____

Address _____
Street Apt. #

_____
City Zip Code

EMPLOYMENT INFORMATION

The following is for: ☐ the patient
☐ the person responsible for payment

Employer Name: _____

Occupation: _____

Address _____
Street Apt. #

_____
City Zip Code

IN CASE OF EMERGENCY

Name _____

Home (____)_____ Work (____)_____

Relationship _____

Cell Phone (____)_____

2 INSURANCE INFORMATION

Subscriber's Name: _____

Subscriber's Birth Date: _____

Subscriber's SS#: _____

Relationship to Patient: _____

Insurance Co.: _____

Group #: _____

Is there any additional dental insurance? ☐ Yes ☐ No

Subscriber's Name: _____

Subscriber's Birth Date: _____

Subscriber's SS#: _____

Relationship to Patient: _____

Employer: _____

Insurance Co.: _____

Group #: _____

3 REFERRAL INFORMATION

Whom may we thank for referring you to Shandrick Dental Care?

☐ Passing By ☐ Yellow Pages
☐ Another Patient ☐ Friend
☐ Work ☐ Other_____
☐ Relative ☐ Other_____

_____
Name of Person Referring you to us:

4 DENTAL INTERVIEW D I S C

Name of Previous Dentist and Location _____

How long has it been since Your last *thorough exam*? _____

How long has it been since your last *complete series / full mouth x-rays* of your teeth? _____

What prompted you to seek dental care at this time? _____

At what point do you want to initiate treatment? (circle one)
a. When my tooth hurts or breaks.
b. When something is worsening
c. When something isn't ideal

What quality of dentistry do you want us to recommend? (circle one)
a. "Just Patch It"
b. Average
c. Ideal / The Best

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