



971 Hilltop Dr.  
Weatherford, TX 76086

817.599.5084  
www.GetBraces.BIZ

Welcome to our office and we look forward to giving you or your family member a great smile. We believe that the patient always comes first and that any healthcare relationship begins with obtaining accurate information. Please be careful to print and answer all questions as completely as possible. If you have any questions, please ask our staff for assistance.

**PATIENT INFORMATION (Please print)**

**PLEASE NOTE:** The party completing this information for a minor must be the natural parent or a court appointed legal guardian with proper documentation that may be requested. If serving in another capacity you must have written permission from the natural parent or other proper legal documentation granting such legal authority.

Name: \_\_\_\_\_  
Last First Middle Preferred Nickname

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Area Code + Phone

How did you find out about our office? (Circle all that apply)

- General Dentist      Internet      Patient – Relative      Physician      Advertisement
- Insurance Company      Yellow Pages      Patient – Friend      Other: \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

Please indicate First and Second (circle appropriate number 1 or 2) preferred method of contact for scheduling and confirming appointments.

Cell: \_\_\_\_\_ 1 2      Work: \_\_\_\_\_ 1 2      Home: \_\_\_\_\_ 1 2

\_\_\_\_\_ Initial here if you would like for us to contact you by text message. Cell # if different from above \_\_\_\_\_

Preferred e-mail for office communication, e.g. appointments: \_\_\_\_\_

**\*\*\*\*\* WHO SHOULD WE CONTACT IN CASE OF EMERGENCY IF UNABLE TO CONTACT A PARENT? \*\*\*\*\***

Name of NON – PARENT Relative	Relationship	Area Code + Phone

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Please indicate any types of treatment that you might know about and/or already may be interested in:

\_\_\_\_\_ Not sure at this time.

\_\_\_\_\_ Comprehensive Treatment with Traditional Braces:    \_\_\_\_\_ metal    \_\_\_\_\_ clear brackets

\_\_\_\_\_ Treatment with clear aligners, e.g. Clear Correct or Invisalign

\_\_\_\_\_ Short Term Orthodontics:

This form of treatment is short and limited in focus with an average of 6-8 months using the technology known as Six Month Smiles. This type of treatment **does not address all the orthodontic issues that you may have** and is only offered as a possible option for those patients who are interested in a very short treatment with straight teeth, but not necessarily an optimal bite.

\*\*\*\* PLEASE TURN OVER AND COMPLETE THE OTHER SIDE \*\*\*\*

