

WELCOME TO MICHAEL RICHARDS ORTHODONTICS!

We would like to welcome you to our office. Our goal is to make every patient's visit educational, fun and exciting!

We strive to teach good oral care that will enable you to have a spectacular smile that lasts a lifetime.

Please verify that the completed areas are correct and complete the remainder of this form. Thank you!

Please Tell Us About Yourself

Today's Date: _____

Name: _____

Birth Date: _____

Home Phone #: _____

Cell #: _____

Home Address: _____

Age: _____

Employer: _____

Work #: _____

Email Address: _____ Occupation: _____

Personal Information

Whom may we thank for referring you? _____

General Dentist: Dr. _____

Last Visit Date: _____

Marital Status: Single Married Divorced

Separated Widowed

Spouse/or Emergency Contact Name: _____

Emergency Contact Phone #: _____

Hobbies/Interests: _____

Primary Orthodontic Insurance

Insurance Co. Name: _____

Ins. Address: _____

Ins. Phone #: _____

Policy Owner's Name: _____

Relationship to Patient: _____

ID # or SS #: _____

Group #: _____

Policy Owner's Birth Date: _____

Policy Owner's Employer: _____

Secondary Orthodontic Insurance

Insurance Co. Name: _____

Ins. Address: _____

Ins. Phone #: _____

Policy Owner's Name: _____

Relationship to Patient: _____

ID # or SS #: _____

Group #: _____

Policy Owner's Birth Date: _____

Policy Owner's Employer: _____

If this office accepts insurance, I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and/or deductibles that my insurance does not cover.

Signature

Date


The logo for Michael Richards Orthodontics features the name "michael richards" in a blue, lowercase, sans-serif font. Below it, the word "ORTHODONTICS" is written in a large, bold, yellow font with a blue outline, where the letters are slightly 3D. Underneath "ORTHODONTICS" is the tagline "simply spectacular smiles" in a yellow, cursive font.