

NEW PATIENT QUESTIONNAIRE

Name you would like to be called: What is your Chief Complaint? Are you ready to start treatment today? Yes L No Patient/Parent/ Responsible Party – Please check all that apply: \*If all costs are the same Interested in all orthodontic options Interested in Invisalign Interested in metal braces Interested in clear braces Interested in replacement retainers I am visiting multiple orthodontists before making a decision. If so, how many consults have you had? I have multiple children that will most likely need orthodontic treatment Mom/Dad or Responsible Party Are you interested in orthodontic treatment for yourself? Yes  $\Box$  No  $\Box$ Email: (this is used for appointment reminders and monthly statements)

Cell Phone Number:

I authorize SMILE CENTER ORTHODONTICS to send text message appointment reminders to me on my provided cell phone number. I understand that I may reply with various commands to receive account information such as balances, future appointments, office location and other alerts. By accepting these terms, I understand that text message charges from my cell phone provider may apply (depending on your individual cell phone plan).

Which is your preferred method of contact:

Email

Text Message