

WELCOME

To Stone Creek Orthodontics

Chris J Megna D.D.S. "Dr. CJ"

"Smiles Designed with Uniqueness in Mind" TM

Orthodontic Acquaintance Sheet **About Patient**

Today's Date _____

Patient's Name _____ Nickname _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

Birth Date _____ Age _____ Sex _____ Occupation _____

(For Adult Patients)

E-mail _____

School Attending _____

Hobbies _____

Whom may we thank for referring you to our office? (Please do not leave blank)

Dentist _____ **Friend** _____ **Web/Internet** _____ **Other** _____

Person's Authorized to receive Financial Information on this account

Father's Name _____ Best # _____

Address _____ Occupation _____

(If Different)

Mother's Name _____ Best # _____

Address _____ Occupation _____

(If Different)

Other _____ Relationship _____

Address _____ Best # _____

(If Different)