**New Patient Form**

**Today Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appt. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Name:**

**Parent Name(s):**

**Home#: Cell#: Carrier:**

How did you hear about us?

Do you have a General Dentist? If so, who?

Have you ever been to any of our offices?

**Concerns:** What have you (or the patient’s Dentist) notice about (the patient)’s teeth?

Have you ever seen an Orthodontist?

**Build Account**

Patients Date of Birth:

Address:

Email:

**Insurance:**

 Subscriber: Subscriber’s DOB:

 Ins Company: Member ID or SSN:

 Employer: Group#:

**Is there anyone else in your family you’d like us to see?** (If yes fill out new form)YES / NO

**Consultation Overview –** Photos, X-rays, Exam, Discuss all options for TX & Allow 1 Hour.

Please keep in mind if the doctor determines you are ready for TX you may even get started that SAME DAY!

**Are there any other decision makers that should be present during your first visit?** YES / NO

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have any recent photos or x-rays (panoramic) Please e-mail to Frontdesk@NGOrthoCT.com This may help the doctors with treatment planning. 😊

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