

NEW PATIENT Orthodontic Questionnaire

Date _____
Patient Name _____
Patient DOB _____
Parent/Guardian Name _____
Email _____
Phone Home/Cell _____
Mailing Address _____
General Dentist's Name _____

We will be taking x-rays today. Is there any reason why we should NOT take an x-ray such as pregnancy?

Yes No

Are you allergic to latex?

Yes No

Do you have any problems with your jaw?

Yes No

Are you in any dental pain?

Yes No

At Boerne Orthodontics and Pediatric Dentistry, we want to offer a special plan just for you! Check all that apply.

1. What treatment option are you most interested in?

- Traditional Metal Braces
- Clear Braces
- Retainers Only
- Invisalign

2. What payment options would be best for you?

- Payment in Full with Special Discount
- In Office Financing - No Interest

3. Is this your first orthodontic evaluation? Yes No

4. What motivated you to come in for an evaluation at this time?

