Norman J. Nagel DDS, MS, INC
Jeffrey N. Nagel DDS, MS
ORTHODONTICS
Because a Smile is Forever

WELCOME

1 Patient Information

Date: _____ DOB: _____ Age: _____ Sex:M / F
Patient's Name: _____
Last *First* *MI*
Address: _____
_____
City *State* *Zip*
Hm #: _____ Cell#: _____
Pt. Email: _____
Dentist, City: _____
School: _____
Hobbies: _____
List Siblings with age: _____
_____
Your name & relationship to patient: _____
Whom may we thank for referring you? _____

2 Patient Dental History

What are the main concerns you would like orthodontics to accomplish? _____
_____

Have you ever been evaluated for orthodontics?	Y N
Do you like your smile?	Y N
Ever had serious problems with previous dental work?	Y N
Do you have any missing or extra permanent teeth?	Y N
Ever had, or have, pain or discomfort in the jaw joint?	Y N
Your current dental health is:	Good Fair Poor
Have you ever had an injury to your:	Mouth Teeth Chin

Circle any of the following that is or has ever been true of you:

Thumb Sucking	Smoker
Nail Biting	Gums Bleed / Itch
Tongue Sucking / Thrusting	Mouth Breather
Lip Sucking / Biting	Speech Problems
Only Chew on One Side	Taken Phen-Fen
Hurts to Chew	Adenoids or tonsils removed

When was your last dental visit? _____

3 Responsible Party Information

(If different from Section 1)

Name: _____
Relation: _____ DOB: _____
Billing Address: _____
_____
City *State* *Zip*
Wk #: _____ Cell#: _____
Rsp. Email*: _____
Occupation: _____
Employer: _____ Yrs: _____
Spouse Name: _____
Relation: _____ DOB: _____
Wk #: _____ Cell#: _____
Occupation: _____
Employer: _____ Yrs: _____

4 Insurance Information

Insured Name: _____
Relationship to patient: _____
DOB: _____ SS#: _____
Insured's Employer: _____
Ins. Company: _____
Group No. _____
Ins. Address: _____
Ins. Phone: _____
Do you have dual coverage? Y / N
Insured Name: _____
Relationship to patient: _____
DOB: _____ SS#: _____
Insured's Employer: _____
Ins. Company: _____
Group No. _____
Ins. Address: _____
Ins. Phone: _____

5 Emergency Information

Name of nearest relative or neighbor: _____
Relation: _____ Ph #: _____
Address: _____
_____
City *State* *Zip*

**Primary email notification*

Park Plaza • 3695 Alamo St., Ste. 301 • Simi Valley, CA 93063 • (805)581-2480
Duesenberg Dental Square • 47 Duesenberg Dr., Ste. 202 • Thousand Oaks, CA 91362 • (805) 496-5114