



5205 Office Park Blvd., Bradenton, FL 34203
Phone: (941) 725-1128

mainstreetdent.com
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Patient Information

Patient Name: _____ Date: _____
(Last) (First) (MI) (Preferred Name)

Social Security #: _____ Birth Date: _____ Family Status: _____
Phone (Home): _____ (Work): _____ Ext: _____ Cell/ Other: _____
Email: _____ Gender: M ___ F ___

Address: _____ Apt # _____
(Street) _____
(City) (State) (Zip Code)

Emergency Contact: _____ Contact Phone: _____

Spouse or Responsible Party Information

Who is the responsible party for this account: the patient the patient's spouse the person responsible for payment

The following is for the individual who has been check-boxed above:

Name: _____
(Last) (First) (MI) (Preferred Name)

Social Security #: _____ Birth Date: _____

Phone (Home/Cell): _____ (Work): _____ Ext: _____ Best Time to Call: _____

Address: _____ Apt # _____
(Street) _____
(City) (State) (Zip Code)

Patient Employment Information

Employer Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip Code) (Phone)

Referral Information

Whom may we thank for referring you to our practice? another patient, friend another patient, relative

Dental Office Newspaper School Mail Flyer Other _____

Name of person or office referring you to our practice: _____

Appointments and Cancellations

When we make your appointment, we are reserving a room for your particular needs. We ask that if you must change an appointment, please give us at least 48 hours notice. This courtesy makes it possible to give your reserved room to another patient who would like it.

There is a charge for not showing up for scheduled appointments. A \$25.00 charge will be assessed for broken appointments and appointments cancelled without a 48-business hour advance notice. Repeated cancellations or missed appointments will result in loss of future appointment privileges.

We feel that our patient's time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

I acknowledge that I have read the above statements, and agree to the office policies for appointments and cancellations.

_____ Date: _____ Relationship to Patient: _____
Please Print Name of patient, parent or guardian

_____ Date: _____ Relationship to Patient: _____
Signature of patient, parent or guardian

Before / After Photo Release

I give permission for my Dentist, Crystal Camden, D.M.D., and her clinical team to take any necessary diagnostic, photos or study models to enable complete diagnosis and treatment. I hereby authorize and give permission for Main Street Dental to use photographs of my case for presentation to another patient, and students and staff, for the purpose of education and information. I understand that only pictures of my teeth, not my entire face, will be used for this purpose.

_____ Date: _____ Relationship to Patient: _____
Please Print Name of patient, parent or guardian

_____ Date: _____ Relationship to Patient: _____
Signature of patient, parent or guardian

Patient Questionnaire

Last Dental Visit: _____ Last Dental Cleaning: _____

What is your primary concern / reason for your visit today? _____

Tell me about your past dental experience? _____

Which of the following are concerns you have regarding dental treatment to improve your smile:

- | | | |
|---|--|---|
| <input type="checkbox"/> Fear of treatment | <input type="checkbox"/> Time of treatment concerns | <input type="checkbox"/> Financial concerns |
| <input type="checkbox"/> Distance to office | <input type="checkbox"/> Not understanding treatment | <input type="checkbox"/> Embarrassment |
| <input type="checkbox"/> Other: _____ | | |

We appreciate you taking the time to provide us with this information. Our goal is to provide the best possible services for you. The more information we have, the better we can determine your needs and get you where you want to be.
