

# Adult Acquaintance Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Orthodontic Insurance? Yes / No

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  Unspecified

How did you hear about us? \_\_\_\_\_ If referred by a friend or dentist, who? \_\_\_\_\_

Hobbies \_\_\_\_\_

Marital Status  Single  Married  Divorced  Separated  Widowed SS# \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Length at Current Job \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Number is a  Cell  Home  Work

Additional Contact Number \_\_\_\_\_ Number is a  Cell  Home  Work

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

If you have lived at your current address for less than three years, please also put your prior address below:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Additional Contact / Emergency Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Number is a  Cell  Home  Work

Additional Contact Number \_\_\_\_\_ Number is a  Cell  Home  Work

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- I understand that the information I have given is correct to the best of my knowledge and that it will be held in the strictest of confidence
- I understand that, when appropriate, credit bureau reports may be obtained
- I authorize the staff to perform necessary orthodontic services during the initial consultation
- I authorize that photos taken may be used in journals, promotional materials, and on websites/social media and are the property of The Big Smile Orthodontics
- I authorize release of any information relating to an Insurance claim
- I authorize payment directly, when applicable, to the office of The Big Smile Orthodontics
- I consent to the practice using my cell phone to contact me via text and phone call regarding appointments, treatment, insurance, and my account

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_