WELCOME

Adult — Patient Registration form

Please fill out both sides of this form — we will be happy to assist you if you need help

VALLEY OAK
DENTAL GROUP

1507 West Yosemite Avenue
Manteca, California 95337
(209) 823-9341

Patient's Name: _____ Date: _____
Last First Middle Initial

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ **Work Phone:** (____) _____ **Cell Phone:** (____) _____

If you work, may we call you at your work number to confirm your appointment? (Check one): ☐ Yes ☐ No

Mailing Address (If other than above): _____

Names and ages of family members (sons, daughters, spouse):

Name	Age	Boy	Girl	Spouse
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐

A *Your Employment Information:*

Name of Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Present Position: _____ How Long: (years) _____ (months) _____

Dental Insurance Name: _____ Group #: _____ Local #: _____

Insurance Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____ Driver's Lic. #: _____

B Spouse's Name _____ ☐ Husband ☐ Wife

Social Security #: _____ Date of Birth: _____ Driver's Lic. #: _____

Name of Employer: _____

Employer Address: _____

City: _____ State _____ Zip: _____

Present Position: _____ How Long: (years) _____ (months) _____

Dental Insurance Name: _____ Group #: _____ Local #: _____

Insurance Address: _____

City: _____ State: _____ Zip: _____

C **MARITAL STATUS:** ☐ Single ☐ Married ☐ Widowed ☐ Other _____

** If there is any change in your marital status, please let us know **

D Are any other family members established patients in our practice? _____

If so, under what name is the account: _____

E

Dental Information

1. How long has it been since your last dental visit?
   ☐ Less than 6 months ☐ 6 months ☐ 1 year ☐ 2 years ☐ Over 2 years
2. Why did you leave your last dentist?
   ☐ I moved ☐ Did not have my interests in mind ☐ I had financial problems within the office
   ☐ The dentist moved ☐ Did not explain things ☐ Unresolved problems with office
   ☐ I always had to wait ☐ Was not gentle ☐ Prefer not to say
   ☐ Office staff was uncaring ☐ Inconvenient hours
3. Why did you choose to come in at this time?
   ☐ General Check up ☐ I have areas of pain
   ☐ I have broken fillings or teeth ☐ I've put it off too long ☐ Other _____
4. How would you describe the general condition of your teeth?
   ☐ Excellent ☐ Good ☐ Fair ☐ Poor
5. If you could change the appearance of your teeth, what would you change?
   ☐ Color ☐ Crowding or crooked teeth ☐ Black discolored filling ☐ Other _____
6. Do you belive that having your teeth cleaned regularly will help prevent gum disease, and thereby prevent you from losing your teeth? ☐ Yes ☐ No
7. Do you smoke a pack or more of cigarettes a day? ☐ Yes ☐ No
8. Do you believe dental disease is avoidable? ☐ Yes ☐ No
9. Are you apprehensive about your visit here? ☐ Yes ☐ No

Whom may we thank for referring you to VALLEY OAK DENTAL? We want to thank them because we are always accepting new patients and we welcome all referrals. Name: _____

Thank You

THIS IS MY AUTHORIZATION TO DR. _____ TO PERFORM ALL NECESSARY DIAGNOSTIC, PREVENTIVE, RESTORATIVE, SURGICAL, ORTHODONTIC AND ASSOCIATED DENTAL TREATMENT. I WILL BE ADVISED OF ALL METHODS, MEDICATIONS AND AGENTS AS MAY BE INDICATED AND CONSENT THEREBY, MY CONSENT SHALL REMAIN IN EFFECT UNTIL CANCELLED IN WRITING.

DATE: _____ SIGNATURE: _____

AUTHORIZATION TO PAY BENEFITS

I HEREBY AUTHORIZED PAYMENT DIRECTLY TO THE UNDERSIGNED, **VALLEY OAK DENTAL GROUP,** FOR DENTAL BENEFITS. OTHERWISE MADE PAYABLE TO ME FOR DENTAL SERVICES PROVIDED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES NOT COVERED BY THIS AUTHORIZATION.

DATE: _____ SIGNATURE OF PERSON RESPONSIBLE FOR ACCOUNT: _____