



New Patient Call Sheet

Name: _____ DOB: _____ M F

Phone No.: _____ Email: _____

Referral Source: Internet Friend Facebook TV Ad Other Doctor

Name of Person Referring: _____

Type of Appointment:

New Pt Exam w/ Cleaning New Pt Exam Cosmetic Consult Implant Consult

Emx: Tooth #: _____ CC: _____

How Long Since Last Cleaning:

0 – 6 mo

6 mo – 2 yrs

3 – 5 yrs

> 5 yrs

Previous Dentist: _____ **Current X-Rays?** Yes No

Doctor Preference:

Seay

Minger Swanson

Mennito

Adamo

Have Dental Insurance? Yes No _____