

# amazingsmiles

family & cosmetic dentistry

**Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely. The better we communicate, the better we can care for you. Thank you and we are glad you are here!**

## ABOUT PATIENT

Today's Date: 10/4/16

E-Mail Address: connowes99@gmail.com

Patient's Name: James, Connor W.

(Last, First MI)

Date of Birth: 08/09/1992

Age: 24

Preferred Name: Connor

Male: ☒

Female: ☐

Social Security Number: - - -

Home Number: (816) 447 4596

Home Address: 3560 Broadway Blvd., Apt. 207

Work Number: (816) 571 6279

City: Kansas City State: MO Zip: 64111

Cell Number: (816) 447 4596

Marital Status: Single: ☒

Married: ☐

Divorced: ☐

Widowed: ☐

Separated: ☐

Can we text appointment information to your cell phone? Y: ☒

N: ☐

Email? Y: ☒

N: ☐

Employer Name: Cerner Corp.

Occupation: Technical Solutions Analyst

Employer Address: 10200 Abilities Way

How long employed there? 5 mos.

City: Kansas City State: KS Zip: 66111

How did you hear about us? (Include referral name, if applicable): Internet

## DENTAL HISTORY

Your current dental health is: Good: ☒

Fair: ☐

Poor: ☐

Do your gums ever bleed?

Yes: ☐

No: ☒

Do you like the color of your teeth? Yes: ☐

No: ☒

Do you like the size and shape of your teeth?

Yes: ☒

No: ☐

Are you afraid of needles? Yes: ☐

No: ☒

Do you feel like you have cavities at most check-ups?

Yes: ☐

No: ☒

Do you have any dental fears? No

How can we make your dental visit more comfortable? n/a

What would you change about your smile if you could? n/a

Why have you come to the dentist today? 6 month ckup

How long since your last dental visit? March 2016

Name of previous dentist: Paul Matlock

Why did you leave your last dentist? I have moved across town.

What else would you like to tell us? I've requested my xrays to be sent by email to your office.

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## EMERGENCY CONTACT/SPOUSE INFORMATION

His/Her Name: Joy James Employer: Self  
Date of Birth: 09 19 1966 SS#:                                  Work #: (816) 761 5061  
Cell #: (816) 896 8280

## DENTAL INSURANCE INFORMATION

Name of Employee: Don James Name of Employer: USDA  
Patient's Relationship to the employee: Son Insurance Co. Name: APWU Health Plan  
Employee's ID#: W76106519 Address: PO Box 1358, Glen Burnie, MD 21060  
Employee's DOB: 10 14 1958 Group# 91410-00205 Phone # for customer service: (800) 222-2798