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: 05/17/16 E-Mail Address: koditillery@yahoo.com

Patient's Name: Tillery, Kodi R. (Last, First MI) Date of Birth: 04 - 20 - 1981

Age: 35

Preferred Name: Kodi Male: ☐ Female: ☑

Social Security Number: 510 - 94 - 4295 Home Number: (_____) _____-_____

Home Address: 13021 Everett Court Work Number: (_____) _____-_____

City: Kansas City State: KS Zip: 66109 Cell Number: (913) 526-2775

Marital Status: Single: ☐ Married: ☐ Divorced: ☑ Widowed: ☐ Separated: ☐

Can we text appointment information to your cell phone? Y: ☑ N: ☐ Email? Y: ☑ N: ☐

Employer Name: HorizonPSI Occupation: Marketing

Employer Address: 8326 Melrose Dr. How long employed there? 2 years

City: Lenexa State: KS Zip: 66214

How did you hear about us? (Include referral name, if applicable): Referral - Amy Higdon

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? Nothing

Why have you come to the dentist today? Haven't been in awhile and need a check up.

How long since your last dental visit? 8 years Name of previous dentist: Dr. Eikenbary

Why did you leave your last dentist? No reason

What else would you like to tell us? N/A

---OVER---

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EMERGENCY CONTACT/SPOUSE INFORMATION

His/Her Name: Brenda Tillery Employer: Piper Middle School

Date of Birth: 09-28-1954 SS#:_____ Work #: (913) 721-1144

Cell #: (913) 406-3257

DENTAL INSURANCE INFORMATION

Name of Employee: Kodi Tillery **Name of Employer:** Horizon Systems, Inc.

Patient's Relationship to the employee: Self Insurance Co. Name: BlueCross BlueShield of Kansas

Employee's ID#: XSB857284192 Address: 1133 SW Topeka Blvd. Topeka, KS 66629

Employee's DOB: 04-20-1981 Group# 25154 Phone # for customer service: (800) 432-3990