



**goldstein
garber
& salama**

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GET ACQUAINTED QUESTIONNAIRE

DATE _____

IN ORDER THAT WE MAY BETTER SERVE YOU, PLEASE COMPLETE IN FULL

Patient's Name _____ Birthdate ____ / ____ / ____

Marital Status ____ M ____ S ____ D Social Security No. _____ Residence Phone: _____

Residence Address _____
Street & No. Apt. No. City State Zip

If less than one year, please give previous address.

Previous Address _____
Street & No. Apt. No. City State Zip

Patient's Email Address: _____

Employer _____ Occup. _____ Position _____

Business Address _____ How Long _____

Business Phone _____ Fax Number _____ Other Numbers (mobile, cell, pager) _____

Spouse Name _____ Soc. Sec. _____

Employer _____ Occup. _____ Position _____

Business Address _____ How Long _____

Business Phone _____ Fax Number _____ Other Numbers (mobile, cell, pager) _____

Emergency Contact (not living with you) _____

Address _____ Phone _____

Person Responsible for Payment of Account _____ Phone _____

Address _____
Street & No. Apt. No. City State Zip

Form of Payment:

Cash _____ Credit Card _____ Check _____

Former Dentist _____ Date of last visit _____

Names & Ages of Children _____

Schools Attending _____

How did you hear about our office: _____

*** FEES MUST BE RECEIVED TWO WEEKS PRIOR TO TREATMENT IN ORDER TO RESERVE A TIME SCHEDULE FOR YOU. (THE ABOVE DOES NOT APPLY TO ORTHODONTIC TREATMENT.)

For your benefit, a thorough examination, frequently including dental X-Rays and diagnostic models of your mouth, are necessary before an intelligent and efficient analysis of your dental problems can be made. Our treatment co-ordinator will advise you of the fee for these services.

SIGNATURE: _____