



**goldstein  
garber  
& salama**

RONALD E. GOLDSTEIN, D.D.S  
MAURICE A. SALAMA, D.M.D.  
HENRY SALAMA, D.M.D.  
MAHA EL-SAYED, D.M.D.

DAVID A. GARBER, D.M.D.  
ANGELA GRIBBLE HEDLUND, D.M.D.  
BRIAN D. BEAUDREAU, D.M.D.  
CATHY GOLDSTEIN SCHWARTZ, D.D.S.

**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: \_\_\_\_\_