



Patient Information

Jason Tanguay, DDS * Lindsey Hollern, DDS



dental studio

Patient Information

First Name _____ Middle Initial _____ Last Name _____

Preferred Name _____ Gender/Pronouns _____

Sex: Male Female Intersex Date of Birth _____

Social Security Number _____ Email Address _____

Home Phone _____ Address (Street or PO Box, City, State, Zip Code) _____

Work Phone _____

Mobile _____

Responsible Party Information (if different than patient)

First Name _____ Middle Initial _____ Last Name _____

Preferred Name _____ Gender _____

Family Status _____ Date of Birth _____

Home Phone _____ Email Address _____

Work Phone _____ Address (Street or PO Box, City, State, Zip Code) _____

Mobile _____

Preferred Method of Contact

It is ok to send you appointment information via the following: Email Phone Mailing Address

May the office leave a detailed message regarding treatment, scheduling, or finances? (check all that apply)

Home Phone Cell Phone Email Any Listed Number No

Who may we discuss your treatment, scheduling and finances with? (ie Spouse, Partner, Friend)

Full Name _____ Relationship To You _____ Any Restrictions _____

Full Name _____ Relationship To You _____ Any Restrictions _____

Full Name _____ Relationship To You _____ Any Restrictions _____

Full Name _____ Relationship To You _____ Any Restrictions _____

Whom may we thank for referring you to our practice? _____

Emergency Contact Information First and Last Name _____ Phone _____

Patient Employment Information

Employer Name _____ Employer Phone _____

Employer Address (Street or PO Box, City, State, Zip Code) _____