NEW PATIENT QUESTIONNAIRE

NAME:	DATE:
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DENTIST'S NAME: _____

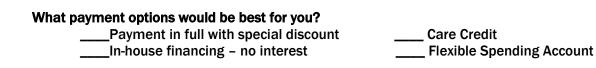
At Benson Orthodontics, we want to see how our patients hear about us and what motivated you to call our office. Thank you in advance for your time! Check all that apply.

We know from our initial conversation that you heard about us from______ We would appreciate your help by indicating any other ways you saw or heard about our office.

- My dentist
- Heard about you through school, sports, church or community activity(Please circle)
- Damon website referred me
- Received your postcard
- Internet
- Saw your sign while driving by
- Invisalign referred me
- Other (_____

What is your main concern?





-	n benefits you would like for us to confirm?
Yes	
No	Harring, Culturational Manage
It so, please provide the to	llowing: Subscriber's Name
	DOB
	SSN
	Card ID #
	Employer
	Insurance
	Insurance Phone #
	to be involved in the decision to start treatment?
Have you had another orthodontie Yes Dentist/orthodor No Are you allergic to latex or any me Yes	ntist
No Are there any health concerns we	
On a scale of 1 to 5, with 5 being	ready to start, how ready to start are you?
1 2 3	4 5
Please sign for permission to: Permission to take x-ra Post name and photo	
Date: Name: Signature:	

We appreciate your thoughts!!! Dr. Benson and TEAM