SEVEN HILLS ORTHODONTICS
CARLOS BORDADOR, DMD, MS • SEAN TRUONG, DDS

Patient's First Name (Nickname)	Middle	Last	Gender M F
Birthday	Soc. Sec. No.		Age

☐ Married ☐ Divorced	☐ Widowed ☐ Separated	☐ Single ☐ Minor
Father's Name	Mother's Name	or Spouse's Name

Patient's Home Address	Apt.	City	State	Zip
Home Phone	Cellular	Work Phone		

* Would you like to provide an email for contact by the office?	If patient is a minor, who does patient live with? ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian

Name of Person Responsible for This Account		Soc. Sec. No.
Employer and Address	Position	Phone
* Primary Ins. Holder's Name	D.O.B.	Soc. Sec. No. or I.D. No.
Dental Ins. Co. and Phone No.	Group No.	Employer and Phone No.
** Secondary Ins. Holder's Name	D.O.B.	Soc. Sec. No. or I.D. No.
Dental Ins. Co. and Phone No.	Group No.	Employer and Phone No.
Emergency Contact Name	Relationship to Patient	Phone
Family Medical Doctor's Name		Phone
General Dentist's Name		Last Cleaning Mo./Yr.

Whom may we thank for referring you to our office?
Have you been seen by another orthodontist? If so, when was your last visit?
Do you have friends or relatives who have been to our office?