

# Welcome to New Patients

DENTAL SMILES OF LIVONIA, P.C.  
33044 FIVE MILE RD. LIVONIA, MI 48154 (734)525-2552

*The benefits of a happy, healthy smile are immeasurable. Our goal is to help you reach and maintain, maximum oral health. Please fill out this form completely. The better we communicate, the better we can care for you.*

## About You

Today's date:

Your Name: Social Security Number: Driver's License #:

I prefer to be called: Your Birthdate: / / Age:

Street Address:

City: State: Zip:

Single  Divorced  Separated  
 Married  Widowed

Person Responsible for Account: \_\_\_\_\_

Home Phone Number: Work Phone Number Ext:

Employer Name: Cell Phone Number

Employer Street Address: Occupation:

Employer City: State: Zip:

When & where are the best times to reach you:

Who may we thank for referring you?

Previous/Present Dentist: Last Dental Visit Date:

## Spouse Information

Spouse's Name:

Spouse's Employer Name: Work Phone Number: Extension:

Social Security Number: Birthdate: / / /

## Emergency Information

*(Someone we would be able to discuss your case with.)*

Their Name:

Relationship to you:

Home Phone Number:

Work Phone Number: Extension:

**PATIENT REGISTRATION**