



**Alta Dental Care**

**ZAVERI DENTAL CORPORATION**

1113 N. ALTA AVE, #205

UPLAND, CA 91786

TEL: (909) 985-6116

## **We Would Like to Get to Know You Better!**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Phone (Hm) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Wk) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security# \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License # \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work hours \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

When was your last dental appointment? \_\_\_\_\_ Person responsible for dental investment \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why did you leave your last dentist? \_\_\_\_\_

## **We Want to Take Care of Your Concerns and Needs First...**

What are your present dental problems? \_\_\_\_\_

Do you avoid brushing any part of your mouth? ☐ Yes ☐ No

Do your gums bleed when brushing? ☐ Yes ☐ No

Are your teeth sensitive to sweets, hot/cold, or biting pressure? ☐ Yes ☐ No

I want to know about longer lasting solutions that may cost more? ☐ Yes ☐ No

Are you satisfied with your teeth and their appearance? ☐ Yes ☐ No

Does dental treatment make you nervous? ☐ Very ☐ Moderately ☐ Slightly ☐ No

I think my dental health is.... ☐ Excellent ☐ Good ☐ Fair ☐ Poor

If I could change my smile I would make my teeth.... ☐ Whiter ☐ Straighter ☐ Close Spaces ☐ Repair Chips

Other concerns/needs of mine are \_\_\_\_\_