

WELCOME

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.

Wilsonville Dental Group

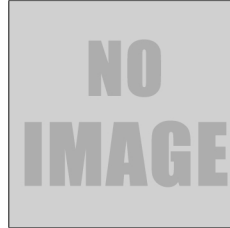
FAMILY, COSMETIC AND IMPLANT DENTISTRY



ANDREW BALLARD, DDS



DR. TERENCE CLARK DMD



DR. TOM CLARK, DMD

About You

Today's Date: _____

E-mail Address: _____

I prefer not to be contacted by e-mail
We will not share your e-mail with anyone

Name: _____
Last First MI Mr Mrs Ms Dr

Name I prefer to be called: _____

Parent or Legal Guardian Name (if minor): _____

Birthdate: ___/___/___ Age: ___ Male Female Single Married Divorced

Home Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____ Ext. _____

Driver's License #: _____ Social Security #: _____

Whom may we thank for referring you? _____

Other family members seen by us: _____

Employer: _____ How long there? _____ Occupation: _____

Employer's Address: _____
Street/PO Box City State Zip

Spouse Information

Name: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____ Ext. _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____ Ext. _____