



David R. Heald, D.M.D. • Yolanda C. Kieser, D.M.D.
Lauren E. Widmer, D.D.S., M.S.

OrthodonticsExclusively@gmail.com | 239•936•2175
Office Locations: Ft. Myers, Cape Coral, San Carlos Park & Lehigh Acres
NiceSmiles.com

DATE OF EXAM:

Patient's Information

Form for Patient's Information including fields for Name, Gender, Birthdate, Social Security Number, Billing Address, Home Phone, City, State, Zip Code, Employer, E-mail, Cell Phone, and Work Phone.

Spouse's Information

Form for Spouse's Information including fields for Name, Birthdate, Social Security Number, Billing Address, Home Phone, City, State, Zip Code, Employer, E-mail, Cell Phone, and Work Phone.

Dental History

Form for Dental History with fields for General Dentist and Date of Last Exam.

Form for dental history questions with YES/NO columns and a COMMENTS section.

Form for 'HOW DID YOU HEAR OF OUR OFFICE?' with checkboxes for Dentist, Insurance Company, Phone Book, Friend, Web Site, and Other.

NAMES OF ANYONE IN YOUR FAMILY WE HAVE SEEN

Insurance Information

Form for Insurance Information including fields for Insurance status, Company Name, Phone Number, Insured's Name, and Social Security Number.

