

Robert Winnard, D.M.D.

Odenton Medical Center, 1215 Annapolis Rd., Ste. 207, Odenton, MD 21113 (410-551-9531)
Enchanted Forest Shopping Center, 10030 Balto National Pike, Ellicott City, MD 21042 (410-418-8966)

ORTHODONTIC PATIENT INFORMATION

Welcome to our office.

The following information is requested to enable us to give you the best consideration of your orthodontic problem during your initial examination in our office. In order for the orthodontist to thoroughly diagnose any condition, he must have accurate background and health information on which to base his decisions. This information, is important for our records and your health, is confidential. Please circle the appropriate response where indicated. **Thank You**

Patient's Name _____ Age _____ Birthdate _____ Sex _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Business Phone _____

IF ADULT PLEASE DISREGARD PARENTS NAMES

Father's Name _____ Home Phone _____

Employer _____ Occupation _____ Business Phone _____

Mother's Name _____ Home Phone _____

Employer _____ Occupation _____ Business Phone _____

Person responsible for account: _____

Is patient covered by insurance for orthodontic treatment? Yes No

If yes, by which company? _____ Insurance Phone # _____ ID # _____

Subscriber Name _____ Birthdate _____ Employer _____

Name of person to be contacted if patient cannot be reached?

Name _____ Relationship _____

Address _____ Phone _____

Family Dentist _____ Family Physician _____ Referred by _____

FAMILY STATUS

Siblings _____ None _____ Number of Brothers _____ Number of Sisters _____

Other family members with similar orthodontic condition?

Father _____ Mother _____ Brother _____ Sister _____ Other _____ Specify _____

MEDICAL & DENTAL HISTORY

Present Health: Good Fair Poor Under Treatment: Yes No

Specify: _____

Present Drugs or Medication: Yes No

Specify: _____

Has patient been under care of a physician during the past two years other than for routine examination? Yes No

Birth Defects Yes No

Specify: _____

