



Justin Pagan, DDS, MSD  
Orthodontic Specialist

## PATIENT INFORMATION

Today's date: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Medical Alert(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

General Dentist: \_\_\_\_\_

Street Address: \_\_\_\_\_ Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Have any relatives been a patient here? If so, who? \_\_\_\_\_

### Parent(s)/Guardian(s) Information

Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Birthday: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Birthday: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_