Lenhart Orthodontics
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Toledo, OH 43623
419-882-6970
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Adult Patient History Form

Date:__________________

Patient Full Name______________________________________Likes to be called______________________

Race_______Sex______ Age_____Yr_______Mo Birthdate:_______________

Address:____

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Home Phone____________________ Cell Phone______________________ Work Phone________________

Email address for appointment reminders:____

Employer____ Position__________________________________

Is there Orthodontic Dental Insurance involved? YES NO

If Yes, Dental Insurance Company____

Marital Status______________________

Spouse Full Name____________________________________Likes to be called________________________

Cell Phone______________________ Work Phone_____________________

Employer____Position_________________________________