

Lenhart Orthodontics
4323 N. Holland Sylvania Rd
Toledo, OH 43623
419-882-6970
419-882-1928 FAX

Date: _____

Patient History Form

Patient Full Name _____ Likes to be called _____

Race _____ Sex _____ Age _____ Yr _____ Mo Birthdate: _____

Address: _____ Home Phone _____

Email address for appointment reminders _____

Name of School _____ Grade _____

Financially Responsible Party _____

Is there Orthodontic Dental Insurance involved? YES NO

If Yes, Dental Insurance Company _____

Father Full Name _____ Likes to be called _____

Address if different from patient _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Position _____

Marital Status _____

Mother Full Name _____ Likes to be called _____

Address if different from patient _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Position _____

Marital Status _____

Step-Father

Name _____ Employer _____

Phone _____

Step-Mother

Name _____ Employer _____

Phone _____