

Crafton Family Dentistry
Scott F. Crafton, D.M.D

Name: _____ Male__ Female__ Date: _____
Address: _____ City: _____ State: _____
Zip: _____
Home Phone: _____ Cell/Alternate Phone: _____
Occupation: _____ Employer: _____ Phone: _____
Date of Birth: _____ Age: _____ Single__ Married__ Widowed__ Divorced__
Social Security Number: _____

Spouse's Name: _____ Date of Birth: _____
Occupation: _____ Employer: _____ Phone: _____
Social Security Number: _____

Whom may we thank for referring you to our office? _____

For Insurance Purposes:
Name of Insurance Company: _____
Name of Policy Holder: _____
Group Number: _____

Best Time and Place to Reach You: _____

In Case of Emergency, Contact (Specify someone who does not live in your household)
Name: _____ Relationship: _____
Phone Number: _____

.....
Reason for today's visit: _____
When was your last dental appointment? _____
Former Dentist: _____ City/State: _____
Why did you leave your last dentist? _____
What is your present dental problem? _____

Are you concerned about wrinkles? _____
Do you feel like you look older than others your age? _____
Are you interested in learning how Botox and Dermal Fillers can benefit you? _____

Have you ever had any teeth removed? Y__ N__
Do you feel that you will eventually wear artificial dentures? Y__ N__
Have you had a reaction to a local anesthetic? Y__ N__
Are you dissatisfied with your teeth and their apperance? Y__ N__
Are you deeply concerned about the finances? Y__ N__

How did you hear about our office? _____

Which phone book assisted you with finding our phone number?
Henderson AT&T__ Evansville/Henderson AT&T__ User Friendly__ Yellow Book__ Impact__

E-Mail Address: _____