



Treating people like family for over 30 years!
Our goal is to help you reach and maintain your maximum oral health.

Please fill out this form completely.

The better we communicate, the better we can care for you.

Babylon Dental Care of Great South Bay

785 West Montauk Highway, West Babylon NY 11704
Tel: 631.587.7373 • Fax: 631.587.7398 • www.babylondentalcare.com

ABOUT YOU

Date: _____

Email Address: _____

For your appointment confirmations, do you prefer:

Call Text email

Name: _____ M.I. _____

I prefer to be called: _____

Male Female

Birthdate: _____ Age: _____

SS# _____

Home Address: _____

Single Married Divorced Widowed Separated

Home #: _____ Cell #: _____

Wk #: _____ Ext: _____

Where & when are the best times to reach you? _____

Whom may we thank for referring you? _____

Other family members seen by us: _____

Previous/present dentist: _____

Last visit date: _____

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____

Wk#: _____ Ext: _____ Hm#: _____

Billing Address: _____

Relation: _____ Birthdate: _____

SPOUSE INFORMATION

His/Her name: _____

Home#: _____ Birthdate: _____

In the event of an emergency, is there someone who lives near you that we should contact?

His/Her Name: _____ Relation: _____

Wk#: _____ Hm#: _____

DENTAL HISTORY

Why have you come to the dentist today?

Do you require antibiotics before dental treatment?

Yes No

Have you ever had a serious/difficult problem associated with any previous dental work? Yes No

Are you currently in pain? Yes No

I have a fear of/I have concerns about:

Experiencing pain Needles Gagging
 Being embarrassed Losing my teeth/false teeth

To understand what's going on in my mouth, My preference is:

To know all the details
 To be given the bottom line
 To read pamphlets
 To talk with a team member about solutions to my problems

Do you now or have you ever experienced pain/discomfort in your jaw joint (TMJ/TMD)? Yes No

Your current dental health is: Good Fair Poor

How many times a week do you floss? _____

Do your gums ever bleed? Yes No

Type of bristles? Hard Medium Soft

Are you happy with your smile?

Yes No