



*Treating you 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

GREAT SOUTH BAY GATEWAY PLAZA

Tel: 631-983-6665 • 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 # _____

Work # _____ Ext. _____

Where and 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: _____

Work # _____ Ext. _____

Home # _____

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: _____

Work # _____ Home # _____

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

Types of bristles? Hard Medium Soft

Are you happy with your smile? Yes No