



421 East 4th Street-Duluth, MN 55805

Phone: 218-727-1448

www.duluthtooth.com

NEW PATIENT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security Number: _____

Is there a preferred name or nick name you would like to be called? _____

Address: _____

City: _____ State: _____ Zip code: _____

Mobile Phone: _____ Landline (if any) _____

Do you prefer **Text messages** or **email** appointment reminders? _____

Email address: _____

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

Reason for leaving last dental office? _____

Approx. when was your last dental exam? _____

How would you describe your personal reaction when needing dental work completed?

Don't Mind _____ Worrisome _____ Very Nervous or Dread _____

EMERGENCY INFORMATION:

Please list a contact below that does not currently live with you

Last Name: _____ First Name: _____

Relationship to you: _____

Phone number: _____