

Maria Seymour Brooker Memorial Dental Center
157 Litchfield Street
Torrington, CT 06790-6491
(860) 489-1328

PATIENT INFORMATION

Date: _____ Date of Birth: _____

Patients Name: _____

Male: ___ Female: ___ Primary Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Cellular: _____ Other: _____

Email address: _____

Name of parent/guardian: _____

Relationship to patient: _____ Occupation: _____

Emergency Contact Name: _____ Phone Number: _____

Relationship to Patient: _____

Does the patient have dental insurance: ___ Policy/Medicaid Number: _____

Patients SSN: ___ / ___ / ___

Referred by: _____

What is the source of your water: ___ City ___ Well

Is this the patient's first dental visit: _____

Who was the patient's previous dentist: _____

Approximate date of the last dental visit: _____

What work was completed: _____

List family/relatives/individuals Brooker Memorial may discuss treatment plans with:

Please list all siblings who receive treatment at Brooker Memorial:

Please complete back of form