



Justin Pagan, DDS, MSD  
Orthodontic Specialist

## Patient Information

Today's date: \_\_\_\_\_

Patient Name \_\_\_\_\_

Would you prefer to be called by a different first name? \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Medical Alerts \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

School and Grade \_\_\_\_\_

General Dentist: \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Do you know anyone who has been a patient here? \_\_\_\_\_

## Parent information:

Father's Name: \_\_\_\_\_ Social security # \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Employer name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Employer name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Person to contact in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_