



Print Patient Name: _____

New Patient Questionnaire

At Glaser Orthodontics, we want to offer a special plan just for you! Can you help us by answering the following questions? Check all that apply.

1. How did you hear about us?

- Friend _____
- Relative _____
- Dentist _____
- Dental Hygienist _____
- Website _____
- Insurance Company _____
- Other _____

2. What treatment option are you most interested in?

- Invisalign
- Invisalign teen
- Braces
- Retainers
- Other _____

3. What payment options would be best for you?

- Payment in Full with Special Discount
- In-house Financing – No Interest
- Flexible Spending Account

4. I have orthodontic insurance benefits

- Yes
- No
- Not Sure

Primary Insurance Co _____ Policy # _____

Name of Insured _____ DOB _____ ID/SS# _____

Secondary Insurance Co _____ Policy # _____

Name of Insured _____ DOB _____ ID/SS# _____

5. What is your experience with orthodontics? Is this your:

- First
- Second
- Third
- _____ opinion/evaluation.

6. Do you have allergies to Latex?

- Yes
- No
- Other allergies? _____

7. Do you have any medical or dental conditions?

8. Do you take any medication?

9. What is your number one concern with your smile?

10. How excited are you about having orthodontic treatment?

11. What motivated you to come in for an evaluation at this time?

Name: _____ Signature: _____

Date: _____