

Welcome to Wittler Orthodontics!

Date _____

Patient's name _____
Last First Middle Nickname

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____ Email Address _____

Birth date _____ Age _____

Who may we thank for referring you to our office? _____

I WOULD LIKE TO RECEIVE APPOINTMENT CONFIRMATION BY (Please Circle) TEXT yes no EMAIL yes no

I consent to the dental practice using my cell phone number to call or text regarding appointments and to call regarding treatment, insurance, and my account. I understand that I can withdraw my consent at any time, my cell phone number is _____ (include area code) _____ (initial)

Employer _____ Number of year's employed _____

Name of spouse/closest relative _____
Last First Middle

Address _____
Street City State Zip code

Home phone _____ Work Phone _____

Employer _____

Who is responsible for this account? _____

Primary Orthodontic Insurance Information (Please give us your card to copy)

Insured's name _____

Insured's I.D. # _____

Insured's birth date _____

Insurance Company _____

Insurance Co. Address _____

Insurance Co. Phone _____