POINT PLACE DENTAL
we love to see you smile

Alison Mlodik, DDS
Kim Kutzler, DDS
Glen Magyera, DDS

3216 Business Park Drive,
Stevens Point WI 54482
715-544-1277
Info@pointplacedental.com

Today's Date: _____

PATIENT INFORMATION & REGISTRATION

Name (Last, First, MI): _____ Date of Birth: _____

I prefer to be called: _____ MALE ☐ FEMALE ☐

Home Address: _____

Single ☐ Married ☐ Partnered ☐ Divorced/Separated ☐ Widowed ☐

Home Phone: _____ Cell/Other Phone: _____

Work Phone: _____ Email Address: _____

Preferred method of contact: _____ Best Time To Be Reached: _____

Employer: _____ Occupation: _____

Do you have dental insurance? YES ☐ NO ☐

WHOM MAY WE THANK FOR REFERRING YOU? _____

EMERGENCY CONTACTS

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

DENTAL INFORMATION

What is the reason for your dental visit today? _____

How do you feel about your smile? _____

	Yes	No		Yes	No
Do your gums bleed when you brush or floss?			Do you have earaches or neck pains?		
Are your teeth sensitive to cold, hot, sweets or pressure?			Do you have clicking, popping, or discomfort of the jaw?		
Is your mouth dry?			Do your brux or grind your teeth?		
Have you had any periodontal (gum) treatments?			Do you wear dentures or partials?		
Have you ever had orthodontic (braces) treatment?			Date of last dental exam:		
Have you had any problems associated with previous dental treatment?			What procedures were done at your last dental exam?		
Is your home water supply fluoridated?			Date of last dental x-rays:		
Are you experiencing dental pain or discomfort?					

I understand the information I have given today is correct to the best of my knowledge. I also understand this information will be held in confidence and it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services I may need during diagnosis and treatment, with my informed consent.

Patient Signature Date

Doctor Signature Date