

Dr. Brad L. Kess
Orthodontics

Suite 211
Solon Park Place
33790 Bainbridge Road
Solon, Ohio 44139
(216) 498-1155

Date: _____

PATIENT REGISTRATION AND HEALTH HISTORY

Please complete the following confidential information

Name: _____ Spouse: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Work: _____

Birthdate: _____ Present Age: _____

Marital Status: _____ Soc. Sec. No.: _____

Children: _____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

If your child's address is not the same please notify us.

DENTAL INSURANCE

Insurance Company: _____

Address: _____

Group No.: _____ Policy No.: _____

Employer: _____

Person Responsible for Account: _____

Drivers License No.: _____

Bank: _____ Account No.: _____

GETTING TO KNOW YOU

Referred by: _____

Person to Contact for Emergency: _____

Relationship _____

Address: _____ Phone No.: _____