

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: _____ Birthdate: _____

Address: _____

City _____ State _____ Zip _____

Phone No.: _____ Soc. Sec. No.: _____

Parents Names: _____

Brothers/Sisters: _____
Name & Age _____

If parents address is not the same please notify us

DENTAL INSURANCE

Insurance Company: _____

Address: _____

Insured Name: _____

Employer: _____

Address/Phone: _____

Person Responsible for Account: _____

Drivers License No.: _____ Soc. Sec. No.: _____

Bank: _____ Account No.: _____

GETTING TO KNOW YOU

Referred by: _____

School: _____ Grade: _____

Person to Contact for Emergency: _____

Relationship _____

Address: _____ Phone No.: _____