

MICHAEL L. GREEN D.D.S.  
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SACRAMENTO, CA 95821  
916/483-7354

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### GET ACQUAINTED QUESTIONNAIRE

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In order for us to better serve you; please fill in the following information completely: (complete 2 pages)

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ M \_\_\_ F \_\_\_ Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation and Employer \_\_\_\_\_ Phone \_\_\_\_\_

Business Address/School \_\_\_\_\_

Single  divorced  Married (Name of Spouse  
 Widow  Separated  Child or Parents) \_\_\_\_\_

Name and ages of  
Children in the Family \_\_\_\_\_

Former Dentist \_\_\_\_\_ Date of last Dental Visit \_\_\_\_\_

Whom may we thank for referring you to this office? \_\_\_\_\_

Person responsible for payment of account \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

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\*Please complete the following information ONLY if patient is covered by Dental Insurance:

Name of Person \_\_\_\_\_ Social Security  
Carrying Insurance \_\_\_\_\_ Number \_\_\_\_\_

Name and address of Insurance Co. \_\_\_\_\_

Group Plan \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Is patient covered by another insurance plan? \_\_\_ No \_\_\_ Yeas

If yes: Name of person \_\_\_\_\_ Social Security  
Carrying insurance \_\_\_\_\_ Number \_\_\_\_\_

Last First

Name and Address of Insurance Co. \_\_\_\_\_

Group Plan \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

For your benefit, a thorough examination, frequently including dental x-rays and diagnostic models of your mouth, is necessary before an intelligent and efficient analysis of your dental problems can be made. The assistants at the front desk can advise you of the fees for these services.

After a thorough diagnosis, your dental needs and problems will be discuss with you. Should you choose to place the care of your dental health with us, please be assured that the most thorough, conscientious service will be dedicated to this trust. All Facilities and personnel of this office are expressly here to serve you and your health.