



## **RUSTY JONES ORTHODONTICS**

Before we begin the consultation, we need to take X-rays. Please answer the following questions and return back to the front desk as soon as possible.

PATIENT NAME: \_\_\_\_\_

GENDER: MALE\_\_\_\_\_ FEMALE\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Is this your first visit to our office? YES NO

Has the patient ever been diagnosed with any type of cancer/tumor? YES NO

If the patient is female, is she currently pregnant? YES NO

If the patient is under 18, is he/she accompanied by a parent or legal guardian? YES NO

Who is the patient accompanied by? \_\_\_\_\_