

# WELCOME



Suncoast Braces  
17020 County Line Rd #102  
Spring hill, FL 34610  
(352)593-4997

## PATIENT INFORMATION

NAME \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DENTIST \_\_\_\_\_  
School Attending \_\_\_\_\_

## RESPONSIBLE PARTY INFORMATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

IS THE PATIENT IN BRACES NOW? YES / NO

HOW DID YOU HEAR ABOUT US?  
\_\_\_\_\_

WHAT IS THE MAIN CONCERN FOR TODAY'S VISIT?  
\_\_\_\_\_

## INSURANCE INFORMATION

INSURED NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ ID# \_\_\_\_\_ GROUP# \_\_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_ INSURED'S ADDRESS \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_  
CLAIMS ADDRESS \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_  
ANY ORTHO BENEFITS USED? Y/N    OUT-OF-NETWORK? Y/N    ORTHO DEDUCTIBLE \_\_\_\_\_  
WAITING PERIOD \_\_\_\_\_ COVERAGE % \_\_\_\_\_ AGE LIMIT \_\_\_\_\_ MAX \_\_\_\_\_ PAYER ID \_\_\_\_\_


IF THE DOCTOR FEELS THEY ARE A GOOD CANDIDATE FOR BRACES WOULD YOU WANT TO START TODAY? YES / NO

WILL YOU BE THE ONLY DECISION MAKER? YES (ONLY DECISION MAKER) / NO (NOT ONLY DECISION MAKE


WILL THE OTHER PARTY BE AVAILABLE TO CALL SO WE CAN ANSWER ANY QUESTIONS THEY HAVE AS WELL? YES / NO





**Introducing**



I am in the \_\_\_\_\_ grade. 


I go to school at: \_\_\_\_\_ (your name)


My birthday is: \_\_\_\_\_ 




My favorite subject is: \_\_\_\_\_

My least favorite subject is: \_\_\_\_\_  

My pets are: \_\_\_\_\_  


I have \_\_\_\_\_ sisters and \_\_\_\_\_ brothers. 

When I grow up I want to be: \_\_\_\_\_ 

My favorite foods are: \_\_\_\_\_   

The things I like to do are: \_\_\_\_\_

How I feel about having braces: \_\_\_\_\_





Dr. Bob Sheridan, DDS, MA, USMC Captain Ret  
 Suncoast Braces  
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