NEW PATIENT QUESTIONNAIRE

Please fill out the following information and e-mail to beaberbraces@yahoo.com or print and fax to (303) 694-1911 and we will contact you within 2 business days

Patient Name _____
First Middle Initial Last

Pt age _____ Sex □ male □ female

Address _____

_____

Phone Number _____

Best time to call □ a.m._____ □ p.m. _____ or better to

e-mail?: _____

Whom may we thank for referring you?

□ Friend _____ □ Dentist _____

□ Banner _____ □ Magazine ad _____

□ Other _____

Thank you for choosing Beaber Family Orthodontics!