

**Adult & Cosmetic Dentistry**

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**Orthodontics**

Gary S. Lindner, D.M.D., D.M.Sc. – Board Certified  
Tracy E. Pogal-Sussman, M.S., D.M.D. – Board Certified

Date \_\_\_\_\_

**Adult Patient Information**

To be filed in patient’s electronic chart

Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First Middle Number Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Single \_\_\_\_\_ Widowed \_\_\_\_\_ Married \_\_\_\_\_ Spouse’s Name \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone: \_\_\_\_\_

Spouse’s Employment \_\_\_\_\_ Business Address \_\_\_\_\_

Children’s Names \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Previous Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Do you have dental insurance? Y \_\_\_\_\_ N \_\_\_\_\_ Name of Dental Company \_\_\_\_\_

All information is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_