

Janet Mason, DDS

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Welcome to our Practice

Chart#: _____
FOR OFFICE USE ONLY

Patient Name: _____
Last First MI Preferred Name

Title: _____ Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: _____ SS#: ____-__-____ Prev. Visit: _____

Email Address: _____ Best time to call: _____

Phone: _____
Home Mobile Work Ext Fax Other

Address: _____
Address 1 Address 2
City State Zip Code

The following is for: the patient the person responsible for payment both not applicable

Employer Name: _____ Phone: _____

Employer Address: _____
Address 1 Address 2
City State Zip Code

Drivers License # _____

Personal Payment Type:
 Cash Check Credit Card

In an emergency who should be notified? Please enter Name and Phone number below:

Whom may we thank for referring you to our practice? I.E. Internet, Yellow Pages

Insurance Subscriber if other than patient/Parent/Guardian/Responsible Party

Response Date: _____