



MARKHAM
ORTHODONTICS

David L. Markham, DDS, MSD
Board Certified Orthodontist

Initial New Patient Questionnaire for: _____

At Markham Orthodontics, we want to offer a special plan **just for you!** Can you help us by answering the following questions? Check all that apply.

1. How did you hear about us?

- Friend: _____
- Relative: _____
- Dentist: _____
- Dental Hygienist: _____
- Internet - Can you tell us where on the internet you find us?

- Insurance Company: _____
- Other: _____

2. What treatment option are you most interested in?

- Braces with colors
- Retainers
- Invisalign (Clear Aligner Therapy)
- Other _____

3. What payment options would be best for you?

- Payment in Full with Bookkeeper's Courtesy
- CareCredit Extended Payment Plan with Interest (requires credit check)
- In-house Financing – No Interest
- Flexible Spending Account

4. I have orthodontic insurance benefits

- Yes No Not Sure

5. What is your experience with orthodontics? Is this your:

- First Second Third _____ -th opinion/evaluation



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Please sign for permission:

- Permission to take x-rays, and photos as needed per Dr. Markham.**

Signature

- I have received a copy of the Notice of Privacy Practices Form _____ **(Initials)****

What is your number one concern with your smile?

How excited are you about having orthodontic treatment?

What motivated you to come in for an evaluation at this time?

Patient/Guardian Name: _____

Address: _____
_____ **City** _____ **Zip** _____

Phone Number: _____

Email Address: _____

Cell Phone Number: () _____

I consent to Markham Orthodontics using my cell phone to:

- Call regarding treatment, insurance, and my account.
 Text regarding my appointments, treatment, insurance, and my account.
I understand I can withdraw my consent at any time.

Signature: _____ **Date** _____