



**Jae Hyun Park, D.M.D., M.S.D., M.S., Ph.D.**

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[www.arizonaorthodonticcenter.com](http://www.arizonaorthodonticcenter.com)

Welcome to Arizona Orthodontic Centers! Your first visit to our office will be for a thorough examination by Dr. Park to determine whether treatment is indicated at this time. If treatment is needed at this time, full diagnostic records will be necessary. These records include x-rays, photos and impressions of the teeth. We are excited to have you in our practice and look forward to treating your orthodontic needs.

Date: \_\_\_\_\_ Is this your first visit to our office? Yes No

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Names of Brothers & Sisters: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

Names of friends or relatives who were former patients: \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

Patient's Dentist: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION (for patients under the age of 18)**

Father's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please Circle one: Parents are: Married Separated Divorced Widowed Domestic Partners

Mothers's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_