Mitchell Cohen Orthodontics
Priceless Smiles at Affordable Fees!

225 Scranton Carbondale Highway, Scranton, PA 18508 | P/ 570.346.2132 | www.thanksdrcohen.com

New Patient Questionnaire

"Our patients are also our friends.
We'd like to get some information about you so we can get to know you better."
~ Dr. Mitchell S Cohen and Staff

Last Name _____ First Name _____ MI _____

What do you prefer to be called? _____

Age _____ Date of Birth _____/_____/_____ Sex: ❑ M ❑ F SS# _____-_____-_____

Address _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

School Level (if applicable) _____ What School do you attend? _____

Email Address _____

Responsible Parties

Mother/Guardian/Stepmother *(circle one)*

Name _____

Marital status _____ D.O.B ____/____/____

Address _____

City _____ State _____

Home Phone _____ Zip Code _____

Employer _____

Work Phone _____

Name & Phone of Friend in case of Emergency

_____

Father/guardian/Stepfather *(circle one)*

Name _____

Marital status_____ D.O.B. ____/____/____

Address _____

City _____ State _____

Home Phone _____ Zip Code ____

Employer _____

Work Phone _____

Name & Phone of Friend in case of Emergency

_____

Who referred you to our practice? _____

Family Dentist _____ Address _____

Family Physician _____ Address _____

Do you have/had any family members being treated in our practice? _____

Do you have a chief complaint (reason for seeking treatment)? _____

Insurance Information: Name of Insurance Company _____

Group # _____ **Subscriber's Social Security #:** _____/_____/_____

Mother's Social Security # _____/_____/_____ **Father's Social Security #** _____/_____/_____

Authorization for release of information: **X** _____ Date _____

Authorization for release of benefits: **X** _____ Date _____

TO BE FILLED IN BY OFFICE STAFF AFTER VERIFICATION OF COVERAGE:

Coverage Maximum _____/_____ **Percentage** _____/_____ **Age Limit** _____/_____

Method of Payment _____

Any benefits used yet _____ **Pay auto or cot** _____ **COB**_____/_____