

MANHATTAN FAMILY ORTHODONTICS



Kris Togias, D.M.D., PC
Olivier Nicolay, DDS, MMSc
DIPLOMATE AMERICAN BOARD OF ORTHODONTICS



WELCOME

----TO OUR ORTHODONTIC OFFICE----

Please fill out this form completely.
The better we communicate, the better we can care for you.

CONFIDENTIAL- PATIENTS UNDER THE AGE OF 18

Today's Date: ____/____/____

Patient Name: _____

Nickname: _____

Birth Date: ____/____/____ **Age:** _____ Male Female

Social Security Number: ____ - ____ - ____

Home Address: _____ **APT #:** _____

City: _____ **Zip:** _____

Home Phone #: _____

Mobile#: _____

Email: _____ @ _____

Facebook: _____ **Instagram:** _____

School & Grade: _____

Hobbies/Sports: _____

Emergency Contact Information: _____

General Dentist: _____

Whom may we thank for referring you to our office? _____

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Mother's Information Step-Mother Guardian

Name: _____

Date of Birth: ____/____/____

Email: _____@_____

Home Phone #: _____

Work Contact #: _____

Cell Phone #: _____

Employer Name: _____

Social Security #: _____ - _____ - _____

Father's Information Step-Father Guardian

Name: _____

Date of Birth: ____/____/____

Email: _____@_____

Home Phone #: _____

Work Contact #: _____

Cell Phone #: _____

Employer Name: _____

Social Security #: _____ - _____ - _____

Person financially responsible for this account:

Father Mother Self Other _____

Orthodontic Insurance Information:

Do you have orthodontic coverage? Yes No

Insurance Company Name: _____

Subscriber/Member ID#: _____

Group #: _____

Birth Date ____/____/____ **SSN** _____ - _____ - _____

Insurance Contact #: _____

Insurance Address: _____

City: _____

State: _____ **Zip:** _____