Tampa Dental-Acquaintance Form
Laz N. Kavouklis, D.M.D or Nick L. Kavouklis, D.D.S.

Welcome to our office. We do our best to make your appointments as convenient as possible. If at any time you have questions regarding your treatment, appointment, or fees, please feel free to ask. This "Acquaintance Form" will help us serve you better.

PLEASE PRINT **Today's Date _____**

Mr./Mrs./Ms. /Dr._____
Last Name First Name Middle Initial
? Minor ? Single ? Married ? Widowed ? Divorced ? Separated

If child, parent's full name _____

Residence Address _____

City _____ State _____ Zip _____ Date of Birth _____

Home Phone _____Cell Phone _____ Email _____

Occupation _____ Employer _____

Business Address _____ Work Phone _____ Ext. _____

Do you have dental insurance? _____ If yes, what is the name of your insurance company _____

Group Number _____ SS # _____ Driver's License Number _____

Please tell us whom we may thank for referring you to our office. _____

Has any member of your family ever been treated in our office? _____ If yes, whom? _____
How did you hear about us? Ad _____ Phone Book _____ Web Site _____ Other _____

Dental History

What is the purpose of your visit today? _____

Has fear or discomfort kept you from regular visits? _____

Describe _____

How long has it been since your last dental appointment? _____

Do you prefer nitrous oxide sedation (tranquilizing air) during treatment? _____

How would you describe your present dental health? ? Good ? Fair ? Poor

Please check (v) if you have had problems with any of the following:

? Bad breath	**? Grinding teeth**	**? Sensitivity to heat**
? Bleeding gums	**? Loose teeth or broken fillings**	**? Sensitivity to sweets**
? Clicking or popping jaw	**? Periodontal treatment**	**? Sensitivity when biting**
? Food collection between teeth	**? Sensitivity to cold**	**? Sores or growths in mouth**

How often do you floss? _____ How often do you brush? _____

How do you feel about your smile? _____
_____