



**Appointment Request**

Please schedule a dental appointment for me according to the information below.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Best Time/Method to reach me:

Mornings      Afternoon      Evening      Anytime

Phone              Fax              Email

Patient Type:    I am a current patient              I am a new patient

Reason for Appointment:

Checkup / Cleaning      Teeth Whitening      Cosmetic Dentistry

Filling(s)                      Orthodontics                      Broken Tooth

Tooth Extraction              Having Discomfort              Other

Preferred Day:

Monday      Tuesday      Wednesday      Thursday      Soonest Possible Date      Any Day

Preferred Time Frame:

Early Morning (8 - 10 AM)      Morning (before noon)      Afternoon      Late Afternoon/Evening

Anytime

Comments/Questions/Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of patient, parent, or guardian: \_\_\_\_\_ Date: \_\_\_\_\_