

Clayton State University's Dental Hygiene Clinic
Patient Information Sheet

Date:

Gender:

Title:

First Name:

Last Name:

Suffix:

Preferred Name:

Date of Birth:

Cellphone Number:

Home phone:

Work phone/EXT:

Mailing Address

Street:

City:

State:

Zip code:

Email Address:

How did you learn of us:

Marital Status:

Appointment Preference:

Available for short notice appointment calls:

If you are completing this for someone other than yourself, please share your name and relationship:

For your convenience, our clinic may communicate by email, text messages, and/or phone calls. Please indicate your preferred contact method and any objections you may have:

Emergency Contact Information

Contact Name:

Phone number:

Relationship to you: