

WELCOME TO OUR OFFICE

We are committed to providing you with the best possible treatment and we strive to keep our appointment times and availability "CONVENIENT" to our patients. In order to better serve you, please complete the following.

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Home Phone Number: _____

Work Number and Extension (if possible): _____

Cell Phone Number: _____

Best time of day to contact you: _____

Would you like to save 20% on your next hygiene appointment?

We have a new program that will allow us to post same day openings in our hygiene schedule via the internet. If you schedule one of these appointments and are seen that day, you will receive a 20% discount on your hygiene services (excluding doctor services). If you would like to take advantage of this and other promotional offers, please write your e-mail address below:

E-mail address: _____