

Alta Dental Care

Life Starts With Your Smile

Zaveri Dental Corporation

311 E Foothill Blvd.

Upland, CA 91786

Tel: (909) 985-6116

New Patient Information

Full Name _____ Date _____

Phone (CELL) (____) ____ - _____ (WK) (____) ____ - _____ (HM) (____) ____ - _____

Address _____ City _____ State ____ Zip _____

Email _____ Date of Birth ____/____/____

Social Security # ____ - ____ - ____ Marital Status _____ Spouse's Name _____

Occupation _____ Employer _____

Emergency Contact _____ Phone (____) ____ - _____

When was your last dental appointment? _____

How did you hear about us? _____

Please rank the following from 1-4, (1=low, 4=high), which would prevent you from having dental treatment:

Fear of pain # ____ Lack of concern # ____ Cost of Treatment # ____ Missing work time # ____

Other concerns/needs of mine are _____
