

"Only the highest quality of dental care—that's what we believe and practice every day."



WELCOME

to Aesthetic & Implant Dentistry of Atlanta

We are honored that you have chosen our practice to support you in your goal of achieving complete oral health and a beautiful smile. Our team of dental health professionals is committed to providing you the best possible dental care. Dr. Zelby is a prosthodontist, a specialty recognized by the American Dental Association (ADA). With his advanced training Dr. Zelby has a thorough understanding of the dynamics and function of your smile. He works with you, involving you directly in the decision-making process concerning your goals and aspirations in achieving a natural smile.

Our entire staff is dedicated to creating an atmosphere that encourages open dialogue. You will always be encouraged to ask questions, and we will strive to answer your questions honestly and thoroughly. Our goal is to equip you to make a well-informed decision concerning your dental treatment.

We look at the big picture, gather all available information, and then partner with you to create a long-term personalized dental treatment plan. The information gathered from the following questionnaires enables us to give you an accurate idea of what to expect, based on your unique needs and type of treatment. Because you are unique, we design a treatment plan around your special needs and desires.

Please take a few moments to answer the following questions.

About You

Name _____ Date _____

I prefer to be called _____ ☐ Male ☐ Female

Date of Birth ____ / ____ / ____ SS# _____

Home Address _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Home No. _____ Cell No. _____

Work No. _____ Email _____

Employer _____

Employer's Address _____

Occupation _____

Where and when are the best times to reach you? _____

Whom may we thank for referring you? _____

Spouse Information

Name _____

Employer _____

Date of Birth ____ / ____ / ____ SS# _____

Work No. _____ Cell No. _____

Dental Insurance

Primary Dental Insurance

Insurance Company _____ Phone No. _____

Insurance Company's Address _____

ID No. _____ Group No. _____

Insured's Name _____ Relation _____

Insured's Date of Birth ____ / ____ / ____ Employer _____

Employer's Address _____

Secondary Dental Insurance

Insurance Company _____ Phone No. _____

Insurance Company's Address _____

ID No. _____ Group No. _____

Insured's Name _____ Relation _____

Insured's Date of Birth ____ / ____ / ____ Employer _____

Employer's Address _____

Emergency Contact

Primary Contact

Name _____ Relation _____

Work No. _____ Cell No. _____

Secondary Contact

Name _____ Relation _____

Work No. _____ Cell No. _____

Dental History

Why have you come to the dentist today? _____

Are you aware of a problem? _____

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

Were dental X-rays taken? ☐ Yes ☐ No

Previous dentist's name _____ Telephone No. _____

Address of previous dentist _____

When was the last time your teeth were cleaned? _____

Have you lost any teeth or have any teeth been removed? ☐ Yes ☐ No

If yes, please explain: _____

Have any teeth been replaced? ☐ Yes ☐ No

If yes, what procedure was used? ☐ Fixed Bridge Age _____

☐ Removable Bridge Age _____

☐ Denture Age _____

☐ Implant Age _____

Are you happy with the replacement? ☐ Yes ☐ No

If no, please explain: _____

Have you ever had any problems or complications with previous dental treatment? ☐ Yes ☐ No

If yes, please explain: _____