



Joseph Cristoforo, D.D.S., P.C.

Board Certified Specialist in Periodontics

PATIENT REGISTRATION

Patient Name:

Hobbies:

Cell Phone:

E-Mail:

Employer:

If patient is a minor; please list name, address, phone of parent/legal guardian:

Dental History:

Whom may we thank for referring you to our office?

Please list family members who have been patients here:

How long has it been since your last dental visit?

What was done at your last dental visit?

What special instructions or information did you receive from your referring dentist?

What do you think are the positives about your dental health?

Do you have any special concerns you would like addressed during this visit?

What, if anything, has kept you from receiving dental treatment in the past?

On a scale of 1 to 10 (10 being the best), how would you rate your dental health?

What are your goals for periodontal/dental implant treatment?

*Advanced Periodontics and Dental Implants
Changing Smiles. Changing Lives.*

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