



# CARROLL & SUTTON

## ORTHODONTICS

ORTHODONTIC CARE FOR CHILDREN AND ADULTS

Venice Office  
4120 Woodmere Park Blvd, Suite 7  
Venice, FL 34293  
941-408-8542

Sarasota Office  
1617 South Tuttle Ave, Suite 2B  
Sarasota, FL 34239  
941-366-1612

North Port Office  
3045 Bobcat Village Center Rd  
North Port, FL 34288  
941-257-2000

Arcadia Office  
7 N. Luther Ave.  
Arcadia, FL 34266  
863-494-1600

[www.csorthodontics.com](http://www.csorthodontics.com)

### Medical History Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of Spouse or Closest Relative: \_\_\_\_\_

If you would like to access your appointment and/or account information via our website, please provide your email address: \_\_\_\_\_

### Orthodontic Insurance Information

Insured's Name: \_\_\_\_\_ Insured's Soc. Sec #: \_\_\_\_\_  
Insured's Date of Birth: \_\_\_\_\_ Insurance Co. Name: \_\_\_\_\_  
ID #: \_\_\_\_\_ Ins. Co. Phone #: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_

Do you have dual coverage? Yes No If yes:

Insured's Name: \_\_\_\_\_ Insured's Soc. Sec #: \_\_\_\_\_  
Insured's Date of Birth: \_\_\_\_\_ Insurance Co. Name: \_\_\_\_\_  
ID #: \_\_\_\_\_ Ins. Co. Phone #: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Family Dentist: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Date of your last cleaning: \_\_\_\_\_ Frequency of cleanings: 3months 6months  
Have you had an unfavorable experience in a dental office? \_\_\_\_\_

If so, describe: \_\_\_\_\_

Have you ever received orthodontic treatment? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Reason for wanting an orthodontic consultation \_\_\_\_\_

