Gordon R. Ediger, DDS

Parkway Plaza Dental
13450 Roe Avenue
Leawood, KS 66209

Welcome to Parkway Plaza Dental

Patient Information:

Name: _____ Birthdate: _____/_____/_____
-first *Middle Initial* *Last*

Preferred Name: _____ Month/Year of Last Dental Exam: _____

Female: _____ Male: _____ Single: _____ Married: _____ Other: _____ Child: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

E-Mail Address:

Employer: _____ Work #:_____

Patient's Social Security #: _____

☐ I would not like to receive text message appointment reminders from Parkway Plaza Dental. (Only phone call reminders)

Responsible Party (If different than patient): _____

Relationship to Patient: _____ Contact #: _____

Do you have family members who come here? YES ◯ NO ◯

Do you have family members who need appts.? YES ◯ NO ◯

How did you hear about our office: _____

Rate your anxiety level with dental visits:

1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯

Reason for your visit: (circle)

☐ Routine Exam/ Cleaning
☐ Second Opinion
☐ Needed Dental Work
☐ Children's Dentistry
☐ Sedation Dentistry
☐ Teeth Whitening
☐ Implant Solutions
☐ Tooth Extraction
☐ Cosmetic Solutions
☐ Invisalign
☐ Six Month Smiles
☐ Veneers/Lumineers

Other: _____