Jacksonville University
2800 University Blvd. North
Jacksonville, FL 32211

School of Orthodontics
904-256-7846
www.jusmiles.com

Patient Information- ADULT

Patient's Name ____Nickname_______________ Gender [ ] M [ ] F

Address: Street ____Apt./Unit__________________

City ____State _________Zip ______________________

Home Phone ( ) ______________________________Cell Phone ( ) ____________________________________

Email Address ____

Patient's D.O.B. ______________________ Patient's SS# ____

Marital Status [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

Patient's Employer ____

Work Address ____

Patient's Work Phone ( ) ______________________ How long have you been employed with this company? ___________

Please give contact information for the person who will be Financially Responsible for treatment *if different from the patient*.

[ ] Same as above

Name____

Address ____

(H) Phone ( ) __________________ (W) Phone ( ) ____________________ Cell ( ) _______________________

Date of Birth ____________________________________Soc. Security # ___________________________________

Relationship to Patient ____

E mail Address ____

How did you hear about JU ____

Are we treating other family members? [ ] Y [ ] N Name of Family Member: _____________________________

Have you sought other opinions? [ ] Y [ ] N

I understand that this information is correct, that it will be used for my benefit and that Jacksonville University is relying on its accuracy. I am responsible for providing Jacksonville University with any necessary information, changes in information, and prompt completion of forms. I understand that in the event that financial obligations cannot be met, JU has the right to terminate treatment on my child regardless of whether or not the treatment objectives have been met.

____ ____________________

Signature of Patient Date

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FOR OFFICE USE ONLY

TRAD Type A_____ Type B_____ Phase I______ LTD/PART________ Ceramic_______

INV / LING Type A_____ Type C______

OTHER ____ ____________________________

FACULTY