

A1 Dental Care
7780 S. Jones Blvd, Ste #101
Las Vegas, Nevada 89139

Traci N. Doan, DDS

CHART # _____

Personal Information

Patient Name Last _____ First _____ Initial _____

Birthdate _____ SS# _____

Male _____ Female _____

Marital Status: Married _____ Single _____ Child _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home Telephone # (____) _____ Cell Phone #(____) _____

Employer _____ Position _____

Employer Address _____ City _____ Zip _____

Employer Telephone # (____) _____ Fax # (____) _____

Parent/Spouse Name Last _____ First _____ Initial _____

Medical Physician of Above Patient _____

Telephone # (____) _____ Fax # (____) _____

Previous Dentist _____ Telephone # (____) _____

**** Emergency Contact ****

Name _____ Relationship _____ Phone # (____) _____

How did you hear about our office?

- Referred by a friend
- Yellow Pages
- Relative
- Insurance Plan
- Direct Mailing
- Sign by Building
- Newspaper Ad
- Patient: _____
- Employee
- Other _____

Who Selected this office? Self Spouse Parent Other