

Dr. Richard J. Healy D.D.S. Inc.
Welcome to Our Office



Patient Information (confidential)

Patient Name: _____ Preferred Name: _____

Address _____

Home phone _____ Work phone _____ ext _____ Cell _____

Birth Date _____ Soc. Sec _____ Email address _____

Would you like to receive email correspondences from our office? ____ Yes ____ No

Would you like us to send you text messages confirming appointments? ____ Yes ____ No

Responsible party (if other than patient)

Name: _____

Address _____

Home phone _____ Work phone _____ ext _____ Cell _____

Birth Date _____ Soc. Sec _____ Email Address _____

Referral Information

Can we thank someone for referring you?

Family member _____

Coworker _____

Friend _____

Doctor _____

Or did you find us your own?

Our Web Page _____

Yellow Pages _____

Church bulletin _____