



Tatiana Ostanina D.D.S.

General and Cosmetic Dentistry

7317 W. North Avenue, River Forest, IL 60305 ph (708) 453-8400 fax (708) 453-8440

email: dr.ostanina.dds@gmail.com www.ostaninadds.com

WELCOME TO OUR PRACTICE!

Please fill out this form to help us to know you better.

PATIENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____ SS # _____

Gender M F Birthdate ____/____/____ Single Married Other _____

Patient Employer / School: _____ Occupation / Grade _____

Emergency Contact Name _____ Best Contact Phone _____

Whom may we thank for referring you? _____

DENTAL INSURANCE INFORMATION:

Do you have a Primary dental Insurance? Yes No

Do you have a Secondary Dental Insurance? Yes No

If Yes, please provide us with your insurance card(s).

Person Responsible for Account _____ Relation to Patient _____

Home Address (if different from patient) _____

Home Phone _____ Cell Phone _____ Email: _____

FORMER DENTIST INFORMATION:

Name _____ Phone _____

Address _____ Email _____

Date of the last visit _____ Date of the last X-rays _____