Sam S. Sadati, DDS

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Welcome to Florida Center for Aesthetic Dentistry. We are committed to providing our guests with the highest level of care to achieve your dental goals. Please complete the following information so we may provide you with the best care possible.

Personal Information

Name: _____ Preferred Name: _____
Date: _____ Birthdate: _____ Social Security#: _____
Marital Status: _____ Spouse's name: _____
Occupation: _____ Employer: _____
Whom may we thank for referring you to our office? _____

Contact Information

Permanent Address: _____
City: _____ State: _____ Zip: _____
Seasonal Address: _____
Contact number: _____ Work: _____ Cell: _____
E-mail: _____
How do you prefer to be contacted? □Home □ Cell □ E-mail □Work
In the event of an emergency, whom should we contact and whom you want us to share your information with?
Name: _____ Relationship: _____
Phone: Home: _____ Work: _____ Cell: _____

Dental History

What is your main reason for visiting our office today? _____
Date of last dental care: _____
Former Dentist: Name _____ City _____ State _____
How do you feel about the appearance of your teeth and your smile? _____
Are you interested to know what could be done to enhance the appearance of your teeth and smile? □ Yes □No
Check (x) if you have had any problems with the following:

□ Bad Breath
□ Bleeding gums
□ Clicking or popping jaw
□ food collection between the teeth
□ grinding or clenching the teeth
□ loose teeth
□ broken fillings
□ periodontal treatment
□ sensitivity to cold
□ sensitivity to hot
□ sensitivity to sweets
□ sensitivity to biting
□sensitivity to brushing or flossing
□ sores in mouth
□ frequent headaches
□ biting lips or cheeks.