

Carl H. Tegtmeier, DMD
359 East Main Street
Mount Kisco, NY 10549

**Thank you for selecting our dental
healthcare team! We will strive to
provide you with the best possible
dental care.**

Welcome

Patient Information

Name _____ Birthdate _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ e-mail address _____

Patient Employed by _____

Business Address _____

Present Position _____

Whom may we thank for referring you? _____

Person to contact in case of emergency _____ Phone _____

Responsible Party

Name of Person Responsible for this account

_____ Relationship _____

Address _____ City _____ State _____

Signature of patient (or parent of minor)