



Confidential Responsible Party Information

Responsible Party Name: _____ Marital Status _____
Last First Middle

Residence _____
Street City State Zip

Mailing Address _____
Street City State Zip

How Long at this address? _____ Hm Phone _____ Cell _____ Email _____

Previous Address (if less than 3 yrs.) _____
Street City State Zip

Social Security # _____ Birthdate _____ Relationship to Patient _____

Employer _____ Occupation _____ No. Yrs Employed _____

Spouse Name _____ Relationship to Patient _____
Last First Middle

Employer _____ Occupation _____ No. Yrs Employed _____

Social Security # _____ Birthdate _____ Cell Phone _____ Email _____

Confidential Patient Information

Patient Name _____ Birthdate _____
First Last Middle

Address (if different) _____
Street City State Zip

Hm Phone (if different) _____ Social Security # _____

Orthodontic Insurance Information

Primary Dental Insurance
 Policy Holder's Name _____ ID# or SS# _____
 Employer _____ Group # _____ Birthdate _____
 Insurance Company _____ Phone _____
 Billing Claims Address _____

Secondary Dental Insurance
 Policy Holder's Name _____ ID# or SS# _____
 Employer _____ Group # _____ Birthdate _____
 Insurance Company _____ Phone _____
 Billing Claims Address _____

** I understand that where appropriate, credit bureau reports may be obtained by the office of Dr. C. Chris Murphy*

Signature (Parent's signature if minor) _____ Date _____

Patient Information

Patient Name _____ Age (____) Birthdate _____

Nickname/ likes to be called _____ School: _____ Sex: M F

If patient is a minor, name of person(s) with patient at exam _____ Relationship _____

Has Patient or family member been to our office before regarding orthodontics? Y N If yes, who? _____

Has Patient seen another Orthodontist ? _____ If yes, who? _____ When? _____

Whom may we thank for referring you to our office? _____

Emergency Contact Information:
 Name of nearest relative not living with you: _____ Relationship _____
 Address _____ Contact Phone # _____

Medical/Dental History

Family Physician _____

Is patient under the care of a Physician? _____ If Yes, for what? _____

List medication being taken _____ For what? _____

List allergies to any medications _____

Has the patient been diagnosed or treated for any of the following? (Circle all that apply)

Rheumatic Fever	Blood Disorders	Lung Disorders	Bone Disorders
Heart Disease	Anemia	Tuberculosis	Arthritis
Abnormal Blood Pressure	Hepatitis	Asthma	Diabetes
Heart Murmur	AIDS/HIV Pos.	Seizures	Other _____

Dentist _____ Address _____

Phone _____ Last Visit _____ Any dental work left to be done? Yes/No If Yes, What? _____

Does the patient require PRE-medication before dental procedures?	YES	NO	
Has the patient ever taken medication for their bones?	YES	NO	
Does the patient have a latex allergy? Nickel allergy?	YES	NO	
Does the patient have a persistent thumb or finger habit?	YES	NO	
Is the patient a mouth-breather (versus breathing primarily through the nose)?	YES	NO	
Does the patient have difficulty breathing through their nose?	YES	NO	
Does the patient have sleep apnea?	YES	NO	
Has the patient ever had their tonsils and/or adenoids removed?	YES	NO	
Does the patient vomit, gag, or faint easily?	YES	NO	
Does the patient experience frequent headaches or neck aches?	YES	NO	SOMETIMES
Does the patient grind or clench their teeth?	YES	NO	SOMETIMES
Has the patient experienced any pain, popping, or locking of the jaw?	YES	NO	SOMETIMES
Has the patient ever experienced trauma to their jaw or teeth?	YES	NO	WHEN ? _____
Has the patient been treated or recommended treatment for periodontal disease?	YES	NO	WHEN ? _____
Have we treated any other family members? If yes, who?	YES	NO	WHO ? _____
Is Patient/Parent aware that appointments will infringe on work/school?	YES	NO	

I understand the information that I have provided is correct to the best of my knowledge, that it will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical or dental status.

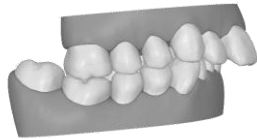
Signature Date

Doctor Signature Date

Name: _____

1. What is your main concern?

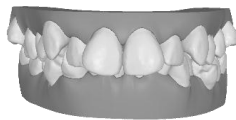
Overjet (Protrusive teeth)



Spaced teeth



Crooked/Crowded teeth



Other: *(please fill in)* _____

2. What style of treatment would you prefer?



Metal Braces



Clear Braces



Lingual Braces



Invisalign Removable Clear Aligners



WELCOME TO OUR OFFICE

**We would love to get to know you better!
If you would, please take a moment
to answer the questions below.**

What nickname do you like to be called? _____

Where are you from originally? _____

Have you lived anywhere else? Where? _____

Do you have children? _____

If yes, what are their names and ages? _____

What are your hobbies? _____

Names of family or friends that come to our office? _____

Is there anything special you'd like for us to know? _____



OFFICE LOCATIONS

High Street Location

5355 E High St. Suite 105, Phoenix, AZ 85054
Phone 602-482-0022

- We are located off of Deer Valley Dr. and 54th Street. approximately 1 mile NORTH of the 101 Freeway and just EAST of Desert Ridge Marketplace
We are on High Street. (just EAST of **Kona Grill**)
- We are the between **Cast Salon** and **Mathnasium**

GOODYEAR Location

14553 W Indian School Suite #100, Goodyear, AZ 85395
Phone 623-932-9212

- We are located off Indian School Rd. and the corner of Bullard Avenue in the Indian Palms Medical Professional Plaza
- We are located in the North West corner of the plaza by Kumon

Directions between offices

GOODYEAR TO SCOTTSDALE

- Head southeast on W Indian School Rd toward N 144th Ave
- Use the left 2 lanes to turn left to merge onto AZ-101 Loop N
- Continue on AZ-101 Loop N
- Take exit 32 for 56th Street
- Use the left 2 lanes to turn left onto N 56th Street
- Turn left onto E Deer Valley Dr
- Turn left on N 54th Street
- Turn right onto E High Street
- Murphy Orthodontics will be on the left

HIGH STREET TO GOODYEAR

- Head east on E High Street toward N 54th Street
- Turn left onto N 54th Street
- Turn right onto E Deer Valley Dr
- Turn right to merge onto AZ-101 Loop W
- Continue on AZ-101 Loop W
- Take exit 1A to merge onto 1-10 W toward Los Angeles
- Take exit 127 for Bullard Avenue
- Use the right 2 lanes to turn onto N Bullard Avenue
- Turn right into Indian Palms Medical Profession Plaza right before W Indian School Rd. If you miss it you can turn right onto W Indian School Rd and turn right into the Professional Plaza



\$\$ MURPHY MONEY \$\$

You can earn up to 5 Murphy Money tokens per regularly scheduled appointment.

You can earn these based on:

- | | |
|---|---------|
| 1 – If you receive an “A” on brushing and oral hygiene | 1 token |
| 2 – If you are on time for your appointment | 1 token |
| 3 – If no brackets or bands are loose or broken | 1 token |
| 4 – If you show excellent rubber band, headgear, appliance wear | 1 token |
| 5 – Wear your Murphy Orthodontics T–Shirt | 1 token |

EARN EXTRA MURPHY MONEY

- * Earn additional Murphy Money for every “A” on your report card in your major subjects!
- * Earn additional Murphy Money every time you get a cleaning at the dentist, just remember to bring in your Dental Cleaning Certificates !!
- * Grab as much Murphy Money as you can in one handful for each friend (not brother or sister) YOU refer to our office that begins treatment !!

You will have the opportunity to cash in your Murphy Money tokens for various prizes:

- | | |
|-----------|--|
| 3 tokens | Your choice of:
One item from the toy chest |
| 16 tokens | Your choice of:
\$5 gift card to Jamba Juice, Starbucks, Baskin Robbins |
| 35 tokens | Your choice of:
A Harkins VIP Pass or a \$10 gift card to Amazon |
| 50 tokens | Your choice of:
\$15 gift certificate to iTunes or Target |
| 65 tokens | Your choice of:
\$20 gift certificate to Toys R Us or Best Buy |