



The Hills Orthodontics

5753 E. Santa Ana Canyon Rd., #K
Anaheim, CA 92807

714-998-4700 | TheHillsOrtho25@gmail.com

Date: _____

ID/DL#: _____

SS#: _____

Welcome!

Patient Information (confidential)

Name _____ Birthdate _____ Home Phone () _____

Email Address _____ Cell Phone () _____

Address _____ City _____ State _____ Zip Code _____

Check Appropriate Box: Minor Single Married

Check Appropriate Box: Male Female

Patient's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip Code _____

Spouse or Parent's Name _____ Employer _____ Work Phone _____

Person to Contact in Case of Emergency _____ Phone () _____

Responsible Party

Name of Person Responsible for this Account _____ Relationship to Patient _____

Address _____ Home Phone () _____

ID/DL# license# _____ Birthdate _____ SS# _____

Employer _____

Referral Information

Were you referred by one of our patients? Yes No

If Yes, whom may we thank? _____

If No, how did you find us? _____

HIPPA Acknowledgement

I have read and been offered a copy of The Hills Orthodontics Notice of Privacy Practices.

Print Name _____

Signature of patient or parent (if minor) _____ Date: _____