



# Burns Family Dentistry, P.C.

Dr. G. Preston Burns III, D.D.S.

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## Welcome To Burns Family Dentistry

### Please Tell Us About Yourself

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Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Allergies to Medications?: \_\_\_\_\_

DOB: \_\_\_\_\_ Patient's SSN: \_\_\_\_\_

Sex:  Male  Female Marital Status:  Single  Married  Divorced  Widowed

Full Time Student? \_\_\_\_\_ Where? \_\_\_\_\_

Primary Dental Insurance: \_\_\_\_\_

Group #: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insured's Place of Employment: \_\_\_\_\_

Employee's SSN or ID#: \_\_\_\_\_

Employee's Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Names of Household Members:

Current Patients:

Non-Patients:

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