

*Paul M. Davey, DDS  
LA Wheeler III, DDS*

*110 Bay View Dr.  
Sugar Land, TX 77478  
281-494-2181  
fax# 281-494-3805  
www.texasgotsmile.com*

*Welcome...*

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

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse or Parent's Name: \_\_\_\_\_ Single: \_\_\_\_\_

Married: \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

Home # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell/Mobile # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

What could we do to make your experience more enjoyable?  
\_\_\_\_\_

Pharmacy Name and # \_\_\_\_\_