Richard J Gray DDS
1149 Jefferson Green Circle
Midlothian VA 23113
804-378-9152

Thank you for choosing Apex Endodontics. Please fill out this form to the best of your knowledge. If you have any questions please feel free to call the office at (804) 378-9152 or see the front desk.

Patient Information

Name:_____ Date of birth:___/____/____
First Last MI

Home Phone: _____ Cell Phone_____ Male Female
Social Security #_____ Email Address:_____

Circle one
Status: Minor Single Married Divorced Separated Widowed

Mailing Address:_____
CITY STATE ZIP
Employer:_____ Occupation:_____

Employer's Address:_____
CITY STATE ZIP
In case of emergency, who should be notified?_____
Phone: _____

Insurance Information

Primary Dental Insurance
Company Name:_____ Phone:_____
Insured's ID# :_____ Social Security #:_____
Insured's Name:_____ Relation:_____
Insured's Date of birth: ___/___/____
Insured's Employer:_____

Dental History

Referring Doctor:_____ Phone:_____
Date of last visit:___/___/____
How was your previous dental experience? Good Average Not Good
Please Explain: _____
If you have had a root canal before, how was your experience? Good Average Not Good
Please Explain: _____
Are there any special dental considerations that we should be aware of?
Please Explain: _____

_____