



## Patient Questionnaire

The following questions are to help us better serve our patients. This form is in no way a contract or agreement that Family Dentistry of Texoma can schedule your appointment at the time or day you prefer but we will make every effort to accommodate your request.

1. In order of preference please rank the days you prefer appointments:  
 Monday       Tuesday       Wednesday  
 Thursday       Friday       Any
2. In order of preference please rank the time of day that works best for you:  
 First Appointment of the Day       Morning  
 Right Before or After Lunch       Afternoon  
 Last appointment of the Day       Any
3. Name of other patients you would like to schedule at the same time (children, spouse): \_\_\_\_\_  
\_\_\_\_\_
4. Whom may we thank for referring you to our practice?  
 Yellow Pages       Internet       Newspaper  
 School       Work       Insurance  
 Sign       Patient       Other

Please provide us with the name, office or source referring you to us:

\_\_\_\_\_

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