Patient Questionnaire

1. What pharmacy do you use?______________Location_____________
2. Is it okay if we send you text messages? Yes or no (circle one) E-mail to communicate with you? E-mail Yes or No email(circle one)_______

____

3. Name of other patients you would like to schedule at the same time (children, spouse, etc.

____

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:

____

____

Family Dentistry of Texoma * 4506 Kemp Blvd. * Wichita Falls, Tx. 76308
Phone: 940-723-0435 * Fax: 940-766-4241 Email: frontdesk@fdtexoma.com
Dr. Steven Finley Dr. Matt Pitts