TRINGAS ORTHODONTICS
SUNSHINE IN EVERY SMILE

Andrew J. Tringas, DMD, MS
Orthodontic Specialist

422 North Main Street
Windermere, FL 34786

1530 Celebration Blvd., Suite 411
Celebration, FL 34747

407-876-2991 Office
www.TringasOrthodontics.com

Welcome! Please fill out the questionnaire below so that we may learn more about you. **Thank you!**

Patient Information

Patient Name _____ Nickname _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Birthdate _____ Age _____

If patient is a minor, provide parent's or guardian's name _____

School _____ Grade _____

Siblings/Children Yes / No Name/Age _____ Name/Age _____ Name/Age _____

Primary Responsible Party

Name _____ Marital Status _____
Last First Middle

Mailing Address _____
Street City State Zip

Driver's License # _____ Cell Phone _____ Home Phone _____

Email Address _____ Relationship to Patient _____ Birthdate _____

Employer _____ Occupation _____ Years Employed _____

Secondary Responsible Party (if applicable)

Name _____ Marital Status _____
Last First Middle

Mailing Address _____
Street City State Zip

Driver's License # _____ Cell Phone _____ Home Phone _____

Email Address _____ Relationship to Patient _____ Birthdate _____

Employer _____ Occupation _____ Years Employed _____

Dental/Orthodontic Insurance Information (if applicable)

Insured's Name _____ Insured SSN _____
Last First Middle

Insured's Employer _____

Insurance Company _____ Group # _____ ID # _____

Insurance Co. Address _____ Phone _____
Street City State Zip

Do you have dual coverage? Yes No If yes, please fill out below.

Insured's Name _____ Insured SSN _____
Last First Middle

Insured's Employer _____

Insurance Company _____ Group # _____ ID # _____

Insurance Co. Address _____ Phone _____
Street City State Zip