



Miles 2 Smiles, LLC
Mobile Dental Hygiene Services
Kyle Isaacs, EPDH
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General Information:

Patient's name _____

Email _____

Preferred name _____ Birth date _____

If minor, parents names _____

Home phone _____ Cell phone _____

Facility name _____ Facility phone _____

Facility address _____

Mailing address _____

City _____ State _____ Zip _____

Dentist _____ Dentist's phone _____

Physician name _____ Physician's phone _____

Whom may we thank for referring you? _____

Name of responsible party _____

Relationship to patient _____

Billing address _____

City/State/Zip _____

Phone (Home, work & cell phone):

Below 200% federal poverty level? yes no