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*Diplomate, American Board of Orthodontics
Child and Adult Orthodontics*

New Patient Acquaintance Form

WELCOME

Our practice is here to provide our patients with the best orthodontic treatment available today. But, our patients are also our friends. If you would, please answer the questions below so that we may get to know you better.

What name (or nickname) do you like to be called by? _____

Where are you from originally? _____

What kind of music do you like, and who are your favorite performers or groups? _____

What type of books or movies do you like? _____

What type of sports do you like? _____

Do you have any pets? If so, what kind? _____

Where do you attend school? What is your favorite subject? _____

What are your hobbies and what type of things do you like to collect? _____

What else do you do for fun? _____

Please list the names of any friends or relatives who come to our office. _____

THANK YOU.