



LE CENTER

Dental Clinic

Name _____
Last First

Date _____

Please tell us how you learned about our practice. (Select ALL that apply)

_____ Referral - Patient Name: _____

_____ Referral -Staff Name: _____

_____ Referral - Dentist/Dr Name: _____

_____ Our website

_____ Internet search (e.g. a basic search for "dentist")

_____ Insurance Company Which insurance? _____

_____ Returning Patient
