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Patient's Name _____ Date: _____

List all parties that will be bringing your child or inquiring about your child in person or by phone:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____