

GERALD GARDNER
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GERALD GARDNER
Orthodontic Excellence

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FAX 914-245-2414

PATIENT NAME _____

ADDRESS _____

HOME PHONE _____

WORK PHONE/CELL _____
(for emergency purposes)

DATE OF BIRTH _____

RESPONSIBLE PARTY _____

INS. CARRIER _____

SUBSCRIBER NAME _____

ID# _____

GROUP# _____

SS# _____

DATE OF BIRTH _____

EMPLOYER _____

Have you ever been to an orthodontist's office? _____

If so, when _____

Were diagnostic records taken _____