



# ELIAS DENTAL

THOMAS ELIAS DMD. PC

Name \_\_\_\_\_  
Last First

Date \_\_\_\_\_

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

- Friend/Family Name: \_\_\_\_\_
- Staff member Name: \_\_\_\_\_
- Other dentist/doctor Name: \_\_\_\_\_
- Our website
- Internet search (e.g. a basic search for "dentist")
- Insurance Company Which insurance? \_\_\_\_\_
- Referral Card
- Smile Savings
- Previous Patient
- Walk-in