



**Ali Alijanian, DDS, INC.**  
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## GETTING TO KNOW YOUR OFFICE

### General

Doctor's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Office Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Staff Names	Positions	Years with practice

*In our efforts for efficient patient care and coordination, please provide your office email for any and all patient correspondence. If your office has the ability to email patient x-rays, please send to [Info@DrAlijanian.com](mailto:Info@DrAlijanian.com)*

Office Email: \_\_\_\_\_

\* Preferred communication: ☐ Collaborator ☐ Fax ☐ Mail ☐ E-Mail \_\_\_\_\_

\* Is your office on Facebook? \_\_\_\_\_

\* Do you take panoramic x-rays in your office? ☐ YES ☐ NO

\* Would you prefer that we obtain insurance from your office or the patient? ☐ Office ☐ Patient

\* Preferred Implant System: ☐ Astra ☐ Neoss ☐ Nobel ☐ Zimmer ☐ No Preference /Other \_\_\_\_\_

\* Preferred Dental Lab: \_\_\_\_\_

\* Does your practice utilize a CEREC milling machine?    ☐ YES    ☐ NO

\* Please list the names of insurance companies you are providers for:

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**HOURS OF OPERATION:**

	Open	Lunch time	Closed
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

\* Is your office interested in Doctor and/or Staff lunches?    ☐ YES    ☐ NO

\* Is your office interested in lunch and learns? (CE Provided)    ☐ YES    ☐ NO

\* Is your office interested in educational programs provided by our office?    ☐ YES    ☐ NO

If yes, what is the preferred time of day: \_\_\_\_\_?

**Professional**

Dental School & Graduation Year \_\_\_\_\_

Year Began Private Practice: \_\_\_\_\_

Partner / Associates \_\_\_\_\_

Other Locations \_\_\_\_\_

Offices Held in Organizations \_\_\_\_\_

**Personal**

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Name \_\_\_\_\_ Anniversary Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Children's Names / Ages \_\_\_\_\_

Pet's \_\_\_\_\_

Favorite Restaurants \_\_\_\_\_

Favorite Wines \_\_\_\_\_

Country Club Membership \_\_\_\_\_

Favorite Vacation Spots \_\_\_\_\_

Hobbies \_\_\_\_\_

Favorite Sport / Sport Team \_\_\_\_\_

Special Causes (*Animal Rights, Cancer, Heart, Elderly Care, Etc*)

\_\_\_\_\_

Special Requests or Concerns: \_\_\_\_\_

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