Patient Identification Quick List

Patient Label

- **NAME:**
- **DOB:**
- **Hair Color:** (circle)

  Brown Blonde Black Red Other: _____
- **Eye Color:** (circle)

  Brown Blue Green Gray Hazel
- **Skin Color:** (circle)

  Fair Olive Brown Black
- **Orthodontics:** (circle)

  Yes No
- **Piercings:** (circle)

  Yes No Describe:
- **Obvious Birthmark/ Scars:** (circle)

  Yes No Describe:
- **Tattoo:** (circle)

  Yes No Describe:
- **Jewelry:** (circle)

  Yes No Describe:
- **Shoes:** (describe Brand and color)
- **Clothing:** (describe)