Welcome

Thank you for your visit today! We appreciate you trusting us to care for your dental health, and are pleased to welcome you to our practice. To help us serve you better, please take a few moments to fill out the following form as completely as you can. If you have any questions, just ask-we will be glad to help. We look forward to working with you.

Patient Information

Date______________________ Home Phone_______________________ Social Security #____________________

Name______________________________________ Preferred Name_____________________________________

Address____

City_____________________________ State_____________________ Zip Code___________________________

Cell Phone_______________________ Pager_____________________ E-mail______________________________

Sex | Male | Female Age______ Birthdate___________________ Driver license #_________________________

Employed By____Work Phone_____________________________

Business Address____Occupation_________________________

Whom may we thank for referring you?____

Whom may we contact in case of emergency?_______________________________ Phone #__________________

Primary Insurance

Who is responsible for this account?

Subscriber's Name____ Relation to patient____________________

Birthdate____ Social Security #______________________________

Address (if different from patient's)_________________________________Phone #__________________________

City___________________________________ State_____________________ Zip code____________________

Employed by____ Work Phone_________________________

Business Address____

Insurance Company____ Group #__________________________

Secondary Insurance

Is patient covered by additional insurance? Yes / No

Subscriber's Name____ Relation to patient____________________

Address (if different from patient's)_______________________________________ Phone#____________________

City________________________________ State______________________ Zip Code_______________________

Work Phone______________________________ Social Security #_______________________________________

Employed by______________________ Business Address____

Insurance Company____ Group #___________________________