

Welcome

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care, To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us – we will happy to help.

Patient # _____

Soc. Sec. #. _____

Date _____

Patient Information (confidential)

Name _____ Birthdate _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Check Appropriate Box: Minor Single Married Divorced Widowed Separated Full Part
If Student Name of School / College _____ City _____ State _____ Time Time

Patient's or Parent's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Parent's Name: _____ Employer _____ Work Phone _____

Whom May We Thank for Referring You? _____

Person to Contact in Case of Emergency _____ Phone _____

Responsible Party

Name of Person Responsible for this Account Address _____ Relationship to Patient _____

Address _____ Home Phone _____

Insurance Information

Name of Insured _____ Relationship to Patient _____

Birth date _____ Social Security # _____ Date Employed _____

Name of Employer _____ Union or Local # _____ Work Phone _____

Address of Employer _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Policy/ID # _____

Ins. Co. Address _____ City _____ State _____ Zip _____

How Much is your Deductible? _____ How Much Have You Used? _____ Max Annual Benefit _____

DO YOU HAVE ANY ADDITIONAL INSURANCE?

Yes No

IF YES, COMPLETE THE FOLLOWING:

Name of Insured _____ Relationship to Patient _____

Birth date _____ Social Security # _____ Date Employed _____

Name of Employer _____ Union or Local # _____ Work Phone _____

Address of Employer _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Policy/ID # _____

Ins. Co. Address _____ City _____ State _____ Zip _____

How Much is your Deductible? _____ How Much Have You Used? _____ Max Annual Benefit _____

Over Please