

# Welcome

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Correct answers to the following questions will allow us to treat you on a more individual basis, providing the care appropriate to your particular needs. Your answers are for our records only and will be held confidential.

## Patient Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MI LAST

I prefer to be called: \_\_\_\_\_  Male  Female

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Apt/Condo #)

(City) (State) (ZIP)

Single  Married  Divorced  Widowed

Home #: \_\_\_\_\_ Cell or Other #: \_\_\_\_\_

Wk #: \_\_\_\_\_ Ext: \_\_\_\_\_ DL#: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

How long there? \_\_\_\_\_ Occupation: \_\_\_\_\_

Where & when are the best times to reach you? \_\_\_\_\_

Other family members seen by us: \_\_\_\_\_

Previous or Present Dentist: \_\_\_\_\_

How were you referred? \_\_\_\_\_  
(Ad, Church, Yellow Pages, Friend's Name)

## Dental Insurance

### Primary Dental Insurance

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_

Group # (Plan #): \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insured's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's ID#: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

As a courtesy, we will file your Secondary Insurance paperwork for direct reimbursement to you.

### Secondary Dental Insurance

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_

Group # (Plan #): \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insured's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's ID#: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

## Spouse/Parent Information

Their Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Wk #: \_\_\_\_\_ Ext: \_\_\_\_\_ SS#: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ DL#: \_\_\_\_\_

## Additional Information

Person Responsible for Account: \_\_\_\_\_

Wk #: \_\_\_\_\_ Ext: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer: \_\_\_\_\_ DL#: \_\_\_\_\_  
(Required)

In the event of an emergency, is there someone who lives near you or works with you that we should contact?

Their Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_



The Fine Art of Family & Cosmetic Dentistry

102 Flag Lake Dr., Suite C, Lake Jackson, TX 77566  
(979) 297-1201 Fax (979) 297-6226

