

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 be happy to help.

Patient Information (CONFIDENTIAL)

SS # _____

Date _____

Name _____ Birth Date _____ Home Phone _____

Address _____
Street or Box City State Zip

E-Mail Address _____ Fax # _____ Cell Phone # _____

Married (Name of Spouse _____) Minor Single Divorced Widowed Separated

If College Student, Name of College & City _____ Full Time Part Time

Patient's or Parent's Employer _____ Work Phone _____
(If patient is a **child**, please list the father's employer.)

Business Address _____ City _____ State _____ Zip _____

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

Responsible Party

Name of Person Responsible for this Account (If Other Than Above) _____ Relationship to Patient _____

Address (If Other than above) _____ Home Phone _____

Insurance Information

Name of Insured _____ Birthdate _____ SS# _____ Relationship to Patient _____

Name of Employer _____ Work Phone _____ Ext. _____

Insurance Company _____ Group # _____ Policy/ID# _____

DO YOU HAVE ANY ADDITIONAL INSURANCE? YES NO IF YES, COMPLETE THE FOLLOWING:

Name of Insured _____ Birthdate _____ SS# _____ Relationship to Patient _____

Name of Employer _____ Work Phone _____ Ext. _____

Insurance Company _____ Group # _____ Policy/ID# _____

I give permission to the staff of this practice to contact me by telephone text/call for the purpose of changing appointments, appointment reminders and billing inquires. I give permission for the staff of this practice to leave messages on my answering

machine/service stating that I need to call the office regarding appointments. I give permission to the staff of this practice to discuss treatment, estimates, billing inquires, and appointment information with the following individuals.

Name/relationship _____ / _____

Name/relationship _____ / _____

Name/relationship _____ / _____

Signature _____ Date _____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?