

Dr. Wilkhu & Dr. Moffitt
General & Cosmetic Dentistry
256 McLeod Street
Merritt Island, FL 32953
Smilemore.com
321-459-2444

Welcome to Our Dental Office

Thank you for selecting our dental team. Please fill out this form completely, so that we may provide you with the best care and service possible.

Referral Information

Who may we thank for referring you to our practice?

Family or Friend Referring Doctor Insurance Online Drive-By Other

Name of person or office referring you to our practice: _____

Patient Information

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Male Female Married Single

Address: _____

City, State, Zip: _____

Phone (Cell): _____ (Work): _____ (Home): _____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Do you prefer being contacted by phone or email message? _____

Emergency Contact Name/Relationship: _____ Phone: _____

Responsible Party Information

Who is the responsible party for the patient?

Patient/Self (skip this section if you are your own responsible party)

Patient's Spouse/Other Patient's parent

First Name: _____ Last Name: _____ Middle Initial: _____

Address (if different than patient address): _____

City, State, Zip: _____

Phone (Cell): _____ (Work): _____ (Home): _____

Social Security #: _____ Date of Birth: _____

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Insurance Information

Primary Insurance

Policy Holder's Full Name:

Is policy holder a patient? Yes No Relationship to policy holder: Self Spouse Child Other

Policy Holder's Date of Birth: _____ Policy Holder's Social Security #: _____

Member or ID #: _____ Group #: _____

Policy Holder's Employer's Name: _____

Insurance Company: _____

Insurance Phone Number (found on the back of the card): _____

Secondary Insurance

Policy Holder's Name: _____

Is policy holder a patient? Yes No Relationship to policy holder: Self Spouse Child Other

Policy Holder's Date of Birth: _____ Policy Holder's Social Security #: _____

Member or ID #: _____ Group #: _____

Policy Holder's Employer's Name: _____

Insurance Company: _____

Insurance Phone Number: _____