



1

IF APPOINTMENT IS FOR YOU, START HERE

Date: _____

Last Name _____ First _____ MI _____

Prefers to be called by _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Mobile _____ Email _____

Birth Date _____ Age _____ Male Female

Married Single Divorced Widowed

Social Security Number _____

IF APPOINTMENT IS FOR YOUR CHILD, START HERE

Date: _____

Last Name _____ First _____ MI _____

Prefers to be called by _____

Address _____

City _____ State _____ Zip _____

Phone _____

Birth Date _____ Age _____ Male Female

School _____ Grade _____

Social Security Number _____

If your child's last name and/or address are NOT the same as yours complete top area.

3

GETTING TO KNOW YOU

You were referred to us by: _____

Other family member or relative that is a patient at our office?

Name _____ Relationship _____

Your former address:

City _____ State _____ Zip _____

Person to contact for an emergency:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Closest relative not living with you:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

2

DENTAL INSURANCE

PRIMARY CARRIER

Insurance Company: _____

Group Number: _____

Employer Name: _____

Insured's Name: _____

Birth Date: _____

Relationship to Patient: _____

Insured's ID Number: _____

Insured's Social Security Number: _____

SECONDARY CARRIER

Insurance Company: _____

Group Number: _____

Employer Name: _____

Insured's Name: _____

Birth Date: _____

Relationship to Patient: _____

Insured's ID Number: _____

Insured's Social Security Number: _____

4

ACCOUNT INFORMATION

PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT

Name: _____

Relationship to Patient: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

YOU

Name: _____

Occupation: _____

Employer's Name: _____

Address: _____

City: _____

Phone: _____ Fax: _____

YOUR SPOUSE

Name: _____

Occupation: _____

Employer's Name: _____

Address: _____

City: _____

Phone: _____ Fax: _____