

Welcome to our office, please tell us about yourself...

PERSONAL INFORMATION:

Name _____ Birth date _____ Today's date _____

Address _____ City, State, Zip _____

Phone number _____ Alternate phone number (specify) _____ E-mail _____

Marital status (please circle) Married Single Divorced Widowed

Emergency contact _____ Relationship _____

Address _____ City, State, Zip _____ Phone _____

Who may we thank for referring you? _____

Person financially responsible for account _____

Address _____ City, State, Zip _____ Phone _____

Social security number _____

Method of payment (please circle one) Cash MasterCard VISA AmEx Discover

DENTAL INSURANCE INFORMATION:

Primary

Name of subscriber _____ Birth date _____ Relationship _____

Address _____ City, State, Zip _____ Phone _____

Employer name and address _____

Dental Insurance name _____

Mailing address _____ Phone _____

Subscriber social security number _____ Group number _____

Secondary

Name of subscriber _____ Birth date _____ Relationship _____

Address _____ City, State, Zip _____ Phone _____

Employer name and address _____

Dental Insurance name _____

Mailing address _____ Phone _____

Subscriber social security number _____ Group number _____

Patient Signature _____ Date _____
(Parent/Guardian if minor)