

WELCOME

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form completely. If you have any questions we'll be happy to help you. We look forward to working with you in maintaining your dental health.

Patient Information

Name _____
Last First Middle
Address _____
Home Phone _____ Cell _____ Work _____
E-Mail _____ Referred By _____
Social Security _____ Drivers License _____
Birthdate _____ Sex _____ Marital Status _____
Employer _____ Occupation _____
Spouse Name _____ Phone No _____
In case of emergency please give name of person to contact/phone/relationship

If the patient is a minor child who is the responsible party

Name _____
Last First Middle
Address _____
Home Phone _____ Cell _____ Work _____
Employer _____ Occupation _____
Social Security _____ Relationship to patient _____

Insurance Information

Company _____ Phone _____
Address _____
Subscriber _____ Employer _____
ID# _____ Group# _____ Birthdate _____

Secondary Insurance Information

Company _____ Phone _____
Address _____
Subscriber _____ Employer _____
ID# _____ Group# _____ Birthdate _____

Names and Birthdates of other Family Members

Signature _____ Todays Date _____

There will be a \$60 fee for missed appointments