

Patient Information				Patient ID # : _____	
Name : _____			<input type="radio"/> Male		<input type="radio"/> Female
Last First M			<input type="radio"/> Married		<input type="radio"/> Single <input type="radio"/> Divorse
Social Security # : _____		Birth Day : _____		Driver L. # : _____	
(MO / DAY/ YEAR)					
Address : _____				Email : _____	
Street Apt# City State zip					
Tel # : _____			Refere By : _____		
Home Cell Work					
Name Of Employer : _____				Insurance: _____	
Employer Address : _____				Tel #: _____	
Primary Insurance Information				<input type="radio"/> Self <input type="radio"/> Family	
Name : _____					
Last First M					
Address : _____				Deductible	
Street Apt# City State zip				Year Max	
Tel # : _____			Coverage Range -		
Home Work			Diagnostic: _____		
SS #: _____			Prosthetic: _____		
BD: _____ Group # : _____			Preventive: _____		
(MO / DAY/ YEAR)			Oral S: _____		
ID # : _____			Restorative: _____		
			Ortho: _____		
			Endodontic: _____		
			Perio: _____		
Secondary Insurance Information				<input type="radio"/> Self <input type="radio"/> Family	
Name : _____					
Last First M					
Address : _____				Insurance: _____	
Street Apt# City State zip				Tel #: _____	
Tel # : _____			Address : _____		
Home Work			Deductible		
SS #: _____			Year Max		
BD: _____ Group # : _____			Coverage Range -		
(MO / DAY/ YEAR)			Diagnostic: _____		
ID # : _____			Prosthetic: _____		
			Preventive: _____		
			Oral S: _____		
			Restorative: _____		
			Ortho: _____		
			Endodontic: _____		
			Perio: _____		
Emergency Contact					
Name : _____					
Last First M					
Address : _____				Tel # : _____	
Street Apt# City State zip				Cell # : _____	

I hereby agreed to be fully responsible for total payment of services performed in this office including any amount not cover by the dental insurance, financial charge, collection and attorney's fee if any. I am also advised that a \$40 fee will be charge for any appointment cancel.

Patient Signature (Today's Date)

Beauty Dental

Responsible Party (parent or guardian if a minor)