Patient Information

The information requested below will allow us to correctly establish and/or update your account. We appreciate all your help in making this information as accurate and complete as possible.

Please Print:

1. PATIENT Name_____ Birthdate_____

Street Address_____ Apt #_____

City_____ State_____ Zip_____ Male Female

Home Phone _____ Cell Phone_____

Email_____

(If patient is a child, please go to Section 3 next)

Social Security #_____ Drivers License #_____

Employed By_____ Phone_____

Address_____ Position_____

(If you are single, please go to Section 4 next)

2. SPOUSE Name_____ Birthdate_____

Street Address_____ Apt #_____

City_____ State_____ Zip_____ Male Female

Home Phone _____ Cell Phone_____

Email_____

Social Security #_____ Drivers License #_____

Employed By_____ Phone_____

Address_____ Position_____

3. MINORS

Fathers Name_____	Mothers Name_____
Address_____	Address_____
_____	_____
Birthdate_____	Birthdate_____
Employed By_____	Employed By_____
Work Phone_____	Work Phone_____
SS#_____	SS#_____

4. In case of an Emergency notify_____ Phone_____

5. Do you have Dental Insurance? YES NO
If yes, Complete the Following:

	Primary Insurance	Secondary Insurance
Person Policy Issued to		
Social Security #		
Name of Insurance Co		
Insurance Company Address		
Group #		
Union Local #		
Policy/ Employee #		
Birthdate		

We need the above information so that we can help you obtain the dental insurance benefits you are eligible for. This may require submitting the Doctors treatment plan to the insurance company(s) for a "pre-determination" of benefits or in some cases obtaining the information by phone. We can NEVER guarantee payment by your insurance company. The insurance company's contract is with you and your employer.

Patient/Guardian Signature _____ Date _____

LET'S GET AQUAINTED

Whom may we thank for referring you to our office? _____

Do you have a nickname or preferred name? _____

How long have you lived in the area? _____

Drs. Notes:

FOR OFFICE USE ONLY

Date	Changes	Initials

THANK YOU