



**PATIENT INFORMATION:** Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Sex:  Male  Female Birth Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel. (\_\_\_\_) \_\_\_\_\_ Cell. (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Hobbies \_\_\_\_\_

Referred By \_\_\_\_\_ Medical Dr. \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

General Dentist \_\_\_\_\_ Dental Specialist \_\_\_\_\_

Has a family member been a patient of our practice?  Y  N; if yes, name and relation \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

You may confirm my appointments via (Please check all that apply):  Text  Phone  E-mail

**WHO WILL BE RESPONSIBLE FOR YOUR ACCOUNT:**

Self (If self, skip this section)  Spouse  Father  Mother  Other \_\_\_\_\_

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Birth Date \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ Cell. (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Address (only if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DENTAL INSURANCE:**

<p><b>Primary dental ins. name</b> _____</p> <p>Phone (____) _____</p> <p>Insured party name _____</p> <p>Insured party ID# _____</p> <p>Insured party birth date _____</p> <p>Insured party address (If different than patient) _____</p> <p>STREET ADDRESS CITY STATE ZIP CODE</p>	<p><b>Secondary dental ins. name</b> _____</p> <p>Phone (____) _____</p> <p>Insured party name _____</p> <p>Insured party ID# _____</p> <p>Insured party birth date _____</p> <p>Insured party address (If different than patient) _____</p> <p>STREET ADDRESS CITY STATE ZIP CODE</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

