

Patient Information

Thank you for choosing our practice for your dental needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

(Please Print)



Name _____ Date _____ SSN _____
First MI Last

Address _____ City _____ State _____ Zip _____

Birthdate _____ Home/Cell # _____ Work phone # _____ Email: _____

Do you prefer to receive calls at: Home Work Either

Are you: Minor Married Divorced Widowed Single Separated

Your or your parent's employer _____ Occupation _____

Business Address _____ City _____ State _____ Zip _____

Spouse's or parent's name _____ Workplace _____ Work phone # _____

If you are a student, name of school/college _____ City _____ State _____

Whom may we thank for referring you to us? _____

Person to contact in case of emergency _____ Phone # _____

Responsible Party

Name of person responsible for this account? _____

Relationship to patient _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name of employer _____ Work phone # _____

Insurance Information

Name of insured _____ Relationship to patient _____

Birthdate _____ Social Security # _____ Date employed _____

Name of employer _____ Work phone # _____

Address _____ City _____ State _____ Zip _____

Insurance Co. _____ Group # _____ Employer # _____

Insurance Co. Address _____ City _____ State _____ Zip _____

I _____ give this office permission to speak with the following people regarding my health status, including diagnosis, treatment options and plans, and payment for health services I receive.

DO YOU HAVE ADDITIONAL INSURANCE? No Yes

Insurance Claims:

Patients must realize that services are rendered to a person, not to an insurance company. Hence, the insurance company is responsible to the patient and the patient is responsible to us for the account. We cannot render services on the assumption that the charges will be paid by an insurance company. We strongly suggest that, to avoid disappointment, patients contact their insurance company and make certain that their dental insurance assumptions are correct. We will, of course, help in any way we can.

Initials _____