

# Welcome

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us. We will be happy to help.

Whom may we thank for referring you to our office? \_\_\_\_\_

## Patient Information (CONFIDENTIAL)

<b>Patient's Name</b> _____	
Address _____	City _____ State _____ Zip _____
Home Ph _____	Wk # _____ Cell # _____
Email address _____	
Soc Sec # _____ - _____ - _____	Date of Birth ____/____/____ Driver's lic. # _____
Employer _____ occupation _____	
Employer Address _____	City _____ State _____ Zip _____
<b>Name of School / College</b> _____	City _____ State _____ full time part time
<b>Spouse's Name</b> _____ Employer _____	
Soc Sec # _____ - _____ - _____	Birth date ____/____/____ Work ph. (____) _____
Name of nearest relative not living with you _____ Relationship _____	
Complete address _____ Ph. # (____) _____	
Emergency Contact _____ Ph. # (____) _____	

## Insurance Information

Name of Insured _____		Insured's Soc. Sec. # _____
<b>Insurance Company</b> _____	<b>Group#</b> _____	<b>Policy/ID #</b> _____
Insurance Co Address _____	City _____	State _____ Zip _____
Insurance co phone number (____) _____		
<b>Do you have dual coverage?</b> [ ] yes [ ] No <b>If yes Please complete the following secondary insurance information.</b>		
Name of Insured _____		Insured's Soc. Sec. # _____
<b>Insurance Company</b> _____	<b>Group#</b> _____	<b>Policy/ID #</b> _____
Insurance Co Address _____	City _____	State _____ Zip _____
Insured's Employer _____		Ph. # (____) _____

## Responsible Party (If a minor)

<b>Name</b> _____		Marital status _____
Billing Address _____	City _____	State _____ Zip _____
Soc Sec # _____ - _____ - _____	Driver's lic. # _____	Birthdate ____/____/____ E-mail address _____
Employer _____		
Employer Address _____	City _____	State _____ Zip _____

## Acknowledgements:

I acknowledge that I have received the following as required by law.

1. A copy of the dental materials fact sheet dated \_\_\_\_\_.
2. A Notice of our Privacy Practices.

Signature \_\_\_\_\_ Date: \_\_\_\_\_