

# 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 print this form, fill it out and bring with you to your appointment. If you have any questions, please call us; we will be happy to help.

## Personal Information

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

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_

Male  Female  Single  Married  Divorced  Widowed  Separated  
 Minor

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Responsible Party

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Birth date: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

# Telephone Information

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Where do you prefer to receive calls? \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_ Cell

When is the best time to reach you? Time: \_\_\_\_\_ Days: \_\_\_\_\_

In the event of any emergency, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

# Insurance Information

## Primary Carrier

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insured's ID #: \_\_\_\_\_ Insured's Soc Sec #: \_\_\_\_\_

## Secondary Carrier

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insured's ID #: \_\_\_\_\_ Insured's Soc Sec #: \_\_\_\_\_

