Today's Date_____

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Patient's Full Name_____ Date of Birth____/____/____

What do you prefer to be called? (Nickname, etc)_____

Home Address_____ Email address:_____

City_____ Zip Code_____ Home Phone_____

Billing Address (if different from above)_____ Cell#_____

City_____ Zip Code_____ Email address:_____

Name of Employer or School_____ Work Phone_____ X____

City_____ State_____ If Student # of Units_____ Anticipated Date of Graduation_____

Social Security#_____

Check one: ☐ Single ☐ Married ☐ Seperated ☐ Divorced ☐ Widowed

Spouse's Name_____

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

Whom may we contact in case of an Emergency?_____ Phone_____

Person responsible for payment? (if different from patient)_____

Address_____ City_____ State_____ Phone_____

Place of Employment_____ Wk Phone_____

Social Security #_____ Date of Birth____/____/____

DENTAL INSURANCE INFORMATION

Full Name of person/employee carrying insurance_____

Social Security #_____ Date of Birth____/____/____ Relationship_____

Name of Employer/Company_____ Group or Policy #_____

Name of Insurance Co_____ Insurance Phone_____

Insurance Address_____ City_____ State____ Zip_____

SECONDARY DENTAL INSURANCE INFORMATION

Full Name of person/employee carrying insurance_____

Social Security #_____ Date of Birth____/____/____ Relationship_____

Name of Employer/Company_____ Group or Policy #_____

Name of Insurance Co_____ Insurance Phone_____

Insurance Address_____ City_____ State____ Zip_____

FOR YOUR CONVENIENCE WE BILL YOUR INSURANCE(S) FOR YOU. PLEASE BE AWARE OF YOUR INSURANCE LIMITATIONS AND BENEFITS, INCLUDING DEDUCTIBLE AND YEARLY MAXIMUMS. YOUR BENEFITS ARE DETERMINED BY YOUR EMPLOYER AND INSURANCE COMPANY AND CAN CHANGE AT ANY TIME FOR VARIOUS REASONS. YOU ARE FINANCIALLY RESPONSIBLE FOR ALL COSTS OF YOUR DENTAL TREATMENT REGARDLESS OF THE AMOUNT YOUR INSURANCE PAYS OR DOES NOT PAY ON DENTAL CLAIMS. **Initial here:(_____)*** METHODS OF PAYMENT WE ACCEPT ARE: CASH, CHECK, VISA, AND MASTER CARD.

* YOUR INITIALS ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THE ENTIRE STATEMENT ABOVE.