

# Welcome!

We are pleased to welcome you to our practice. Please take a few minutes to completely fill out this form. If you have questions, we will be glad to assist you.



## Patient Information

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Drivers License \_\_\_\_\_

Sex  M  F Age \_\_\_\_\_ Birthdate \_\_\_\_\_  Minor  Single  Married  
 Separated  Divorced

Patient Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business email \_\_\_\_\_

Whom may we thank for referring you \_\_\_\_\_

Notify in case of emergency \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

## Responsible Party

Person Responsible for Account \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

For your convenience, we offer the following methods of payment. Please check the option you prefer.

- Cash  Personal Check  Credit Card (Visa, MasterCard, AMEX, Discover)

## Insurance Information

Person Responsible Employed by \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Group Number \_\_\_\_\_ Subscriber ID \_\_\_\_\_

Birthdate \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

Name of dependents under this plan \_\_\_\_\_

