PATIENT INFORMATION

Patient Name ____ Nick Name ____________________

Street Address ____

City __________________________________ State _____________ Zip _______________

Home Phone (_________)__________________________ Cell Phone (_________)_____________________

Birthdate ______/_________/_______ Social Security #________-_______-___________ Sex: ☐ F ☐ M

Marital Status: ☐ S ☐ M ☐ D ☐W Email Address ____

Spouse ____ # of Dependents: __________

Employer ____ Work Phone (______) ______-_______________

Emergency Contact __________________________________ Phone (______) ________-________________

APPOINTMENT CONFIRMATIONS

How would you like to have your appointments confirmed? (Check all that apply)

☐ Home ☐ Text to cell phone ☐ Email

RESPONSIBLE PARTY

☐ Self *(Skip to Insurance Information)*

Name ____ Relationship to Patient __________________

Social Security # ______________________ Birthdate ________________ Phone (_____) _____-___________

Address __________________________________ City ______________________ State, Zip _______________

Employer ____ Work Phone (_____) ______-_____________

INSURANCE INFORMATION

Do you have dental insurance? ☐ YES (*Complete this section*) ☐ NO

Policy Holder Name __________________________________ Relationship to Patient ___________________

Policy Holder Birthdate ______________________ Policy Holder Social Security # ____________________

Address __________________________________ City ______________________ State, Zip _______________

Employer ____ Employer Phone # __________________________

Insurance Company __________________________________

HOW DID YOU HEAR ABOUT US?

Please circle one: ***Phone Book*** ***Newspaper*** ***Mailing From Us*** ***Patient/Family Member*** ***Internet*** ***Other***

If you saw us in a *PHONEBOOK*, what did you like about the ad? *(be specific)* ____________________________

If you received a *MAILING FROM US, please circle which one you received:* ***LETTER***, ***POSTCARD***, or ***NEWSLETTER/FLYER***

What about the mailing made you call us *(be specific)*? ____

If referred by a *PATIENT*, please let us know *Who referred you & What Did They Say About Us*? ____________________

If you found us on the *INTERNET*, *Where Did You Find Us*? ____

If *OTHER*, please explain: ____