

WELCOME TO OUR PRACTICE

Please take a few minutes to answer the following questions so we can assist you with your dental needs.

PATIENT INFORMATION :

Today's Date _____ Birth Date _____ Patient Social Security # _____

Patient Name _____

(Last Name) (First Name) (Middle Initial)

Street Address _____

City _____ State _____ Zip _____

Patient Home Phone _____ Patient Work Phone _____ Cell Phone _____

Email Address

Occupation _____ ☐ Male ☐ Female ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Employer _____ Employer Phone _____

Employer Address _____

IN CASE OF EMERGNECY CONTACT:

Name	Relationship
John Doe	Uncle
Jane Smith	Sister
Robert Johnson	Father
Emily White	Mother
Michael Brown	Brother
Sarah Green	Sister
David Lee	Father
Olivia Hall	Mother
James King	Brother
Alice Wilson	Sister
Thomas Moore	Father
Grace Taylor	Mother
Benjamin Clark	Brother
Isabella Adams	Sister
William Baker	Father
Charlotte Evans	Mother
Henry Scott	Brother
Amelia Green	Sister
Samuel Hill	Father
Harriet King	Mother
Charles Lee	Brother
Elizabeth White	Sister
Frederick Black	Father
Victoria Gray	Mother
George Brown	Brother
Lucy Green	Sister
Edward White	Father
Anna Black	Mother
Thomas Gray	Brother
Maria White	Sister
James Black	Father
Elizabeth Gray	Mother
Robert White	Brother
Anna Black	Sister
William Gray	Father
Isabella White	Mother
Charles Black	Brother
Amelia Gray	Sister
Samuel White	Father
Harriet Black	Mother
George Gray	Brother
Lucy White	Sister
Edward Black	Father
Anna Gray	Mother
Thomas White	Brother
Maria Black	Sister
James Gray	Father
Elizabeth White	Mother
Frederick Black	Brother
Victoria Gray	Sister
William White	Father
Charlotte Black	Mother
Henry Gray	Brother
Amelia White	Sister
Samuel Black	Father
Harriet Gray	Mother
George White	Brother
Lucy Black	Sister
Edward Gray	Father
Anna White	Mother
Thomas Black	Brother
Maria Gray	Sister
James White	Father
Elizabeth Black	Mother
Frederick Gray	Brother
Victoria White	Sister
William Black	Father
Charlotte Gray	Mother
Henry White	Brother
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Harriet White	Mother
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James Black	Father
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Edward White	Father
Anna Black	Mother
Thomas Gray	Brother
Maria White	Sister
James Black	Father
Elizabeth Gray	Mother
Frederick White	Brother
Victoria Black	Sister
William Gray	Father
Charlotte White	M

Emergency Home Phone _____ Emergency work Phone _____

Whom may we thank for referring you? _____

PRIMARY DENTAL INSURANCE:

Individual responsible for this account

(Last Name) (First Name) (Middle Initial)

Relationship to Patient _____ Birth Date _____ Social Security # _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Responsible Party Employed by _____ Business Phone _____

Insurance Company _____ Insurance Address _____

Subscriber I.D.# _____ Group # _____

ADDITIONAL DENTAL INSURANCE:

Insured Individual's Name

(Last Name) (First Name) (Middle Initial)

Relationship to Patient _____ Birth Date _____ Social Security # _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Responsible Party Employed by _____ Business Phone _____

Insurance Company _____ Insurance Address _____

Subscriber I.D.# _____ Group # _____

ASSIGNMENT AND RELEASE:

I authorize my insurance company to pay to the dentist or dental group all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits.

I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature _____ Date _____

Payment is due in full at the time of treatment unless prior arrangements have been approved.