



KENNETH R. BARRETT, D.D.S.
General Dentistry

PATIENT CONFIDENTIAL INFORMATION

Name _____
FIRST MIDDLE LAST

Email Address _____

Address _____
STREET CITY STATE ZIP CODE

Home Phone (____) _____ Cell Phone (____) _____ Business Phone (____) _____

Age _____ Date of Birth ____/____/____ Sex: Male Female Marital Status: M S D W

Social Security No. _____ CA Driver's Licence # _____

Occupation _____ Employer _____ How Long? _____

Employer's Address _____

In case of emergency call _____ (____) _____
NAME PHONE

Referred to this office by _____

SPOUSE INFORMATION

Spouse's Name _____
FIRST MIDDLE LAST

Date of Birth _____ Social Security No. _____

Employer's Address _____
STREET CITY STATE ZIP CODE

Occupation _____ Employer _____ How Long? _____

Business Phone (____) _____

DEPENDENT INFORMATION

Father _____ Address _____
FIRST LAST STREET CITY ZIP CODE

Mother _____ Address _____
FIRST LAST STREET CITY ZIP CODE

School Child Attends _____

FINANCIAL ARRANGEMENTS

How do you plan to handle your account? (check one) Cash Check MasterCard Visa Discover

Fees are due when services are rendered unless prior arrangements have been made.

INSURANCE INFORMATION

Dental Insurance Company (primary) _____
NAME ADDRESS

INSURED PERSON'S NAME _____ BIRTHDATE _____ RELATIONSHIP _____

EMPLOYER _____ EFFECTIVE DATE _____ GROUP NO. _____ PLAN NO. _____ NAME OF UNION _____ LOCAL _____

Dental Insurance Company (secondary) _____
NAME ADDRESS

INSURED PERSON'S NAME _____ BIRTHDATE _____ RELATIONSHIP _____

EMPLOYER _____ EFFECTIVE DATE _____ GROUP NO. _____ PLAN NO. _____ NAME OF UNION _____ LOCAL _____