Auburn
family dental

DR. MARIE DURFLINGER

Bella
dental care

Welcome to our dental practice! We appreciate the opportunity to take care of you and your family. We are focused on providing you with high quality, gentle care. To assist us in serving you, please complete the following forms. We are happy to answer any questions you may have.

PATIENT INFORMATION

Patient Name:________________________ Nickname:________________ Birth Date:________

Age:____ Sex: M F Who may we thank for sending you? ______________________________

Address:____

Billing Address:____

Home Phone:________________ Cell Phone:________________ Work Phone:____________

Fax:________________ Email:__________________________ DL#:________________

Employer/Occupation: __________________________________SS#:________________

Emergency Contact:__________________________ Phone:__________ Relationship:________

Person Responsible For This Account:____________________________ Relationship:__________

Address:______________________________ Phone:________________ Birth Date: ________

DL#:_____________ SS#:_________________ Employer:____________________________

INSURANCE INFORMATION

(Primary)Subscriber Name:_______________________ Birth Date:__________ SS#:__________

Address:__________________________________Employer/Occupation:__________________

Insurance Company:____________________Address:_____________________________________

Phone:____________________ Policy#:___________________ Group#:________________

(Secondary)Subscriber Name:_______________________ Birth Date:__________ SS#:__________

Address:__________________________________Employer/Occupation:__________________

Insurance Company:____________________Address:_____________________________________

Phone:____________________ Policy#:___________________ Group#:________________