WELCOME

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely. The better we communicate, the better we can care for you.

1 About You

Today's Date: _____

E-mail Address: _____

Name: _____

I prefer to be called: _____ ☐ Male ☐ Female

Birthdate: __/__/__ Age: ____ SS #: _____

Home Address: _____

_____

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Hm #: (____)_____ Pager / Cell #: _____

Wk #: (____)_____ Ext: ___ DL #: _____

Employer: _____

Employer's Address: _____

How long there? _____ Occupation: _____

Where & when are the best times to reach you? _____

Whom may we Thank for referring you? _____

Other family members seen by us: _____

Previous / Present Dentist: _____

Last Visit Date: _____

2 Spouse Information

His / Her Name: _____

Employer: _____

Wk #: (____)_____ Ext: ___ SS #: _____

Birthdate: __/__/__ DL #: _____

Person Responsible for Account: _____

Wk #: (____)_____ Ext: ___ Hm #: (____) _____

Billing Address: _____

Relation: _____ SS #: _____

Employer: _____ DL #: _____

3 Dental Insurance

Primary Dental Insurance

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: (____) _____

Group # (Plan, Local or Policy #): _____

Insured's Name: _____ Relation: _____

Insured's Birthdate: __/__/__ Insured's ID #: _____

Insured's Employer: _____

Secondary Dental Insurance

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: (____) _____

Group # (Plan, Local or Policy #): _____

Insured's Name: _____ Relation: _____

Insured's Birthdate: __/__/__ Insured's ID #: _____

Insured's Employer: _____

4 Medical History

Do you have a personal physician? ☐ **Yes** ☐ **No**

Physician's Name: _____

Phone #: (____)_____ **Last Visit Date:**_____

Are you currently under the care of a physician? ☐ Yes ☐ No

Please Explain: _____

In the event of an emergency, is there someone who lives near you that we should contact?

His / Her Name: _____ Relation:_____

Wk #: (____)_____ Hm #:(____)_____

CONTINUED ON BACK