

Please complete the following confidential information in full. Everyone has individual needs, so we want to give you personal attention to assure you the most comfortable dental experience possible. Thank you 😊

## Patient Information Date \_\_\_\_\_

Mr.  Ms.  Mrs. Name: \_\_\_\_\_  
Last First M.I. Preferred Name

Single  Married  Divorced  Widowed Birth Date: \_\_\_/\_\_\_/\_\_\_ Soc Sec #: \_\_\_-\_\_\_-\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt # \_\_\_\_\_

Best way(s) to contact you:  Home  Work  Cell Phone  E-mail  Text Message

( ) - ( ) - ( ) E-mail: \_\_\_\_\_  
Home Cell Work

How would you like appointment reminders:  Text message  E-mail  Home phone  Cell phone

Emergency Contact: Name \_\_\_\_\_ Phone Number( ) \_\_\_\_\_

### Responsible Party

Who will pay for this account?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Soc Sec #: \_\_\_-\_\_\_-\_\_\_ Phone #: ( ) \_\_\_-\_\_\_  
 Current Patient  Is Emergency Contact

### Primary Insurance

Insurance Co.: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Subscriber Birth Date: \_\_\_/\_\_\_/\_\_\_  
Subscriber ID: \_\_\_\_\_  
Subscriber Soc Sec #: \_\_\_-\_\_\_-\_\_\_  
Relationship to Patient: \_\_\_\_\_

### Secondary Insurance

Insurance Co.: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Subscriber Birth Date: \_\_\_/\_\_\_/\_\_\_  
Subscriber ID: \_\_\_\_\_  
Subscriber Soc Sec #: \_\_\_-\_\_\_-\_\_\_  
Relationship to Patient: \_\_\_\_\_

### Employer/Position Held/Hobbies

Employer: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Hobbies: \_\_\_\_\_

### Appointment/Referral

Best time for appointment: AM/PM  
Best Day: M T W TH F (Circle one or more)  
\_\_\_\_\_  
**Whom may we thank for your referral?**  
 Friend, Their Name \_\_\_\_\_  
 Sign  ATT Yellowpages  Yellowbook  
 Website/Internet: \_\_\_\_\_  
 Valpak  Money Mailer  NB Buzz Magazine  
 Other: \_\_\_\_\_

### Acknowledgement

I hereby certify that all of the statements on this page are accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Patient Date

\_\_\_\_\_  
Signature of Parent/Guardian Date