

WELCOME - NEW PATIENT

Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

PATIENT
NAME

About You...

This information is necessary for our records. It is considered strictly confidential. Please complete all parts.

NAME _____ MR. MRS. MS. DR.
LAST FIRST MI
I prefer to be called _____ MALE FEMALE

BIRTHDATE _____ AGE _____ SS# _____

HOME ADDRESS _____

E-Mail Address: _____

Single Married Divorced Widowed Separated

HOME # _____ PAGER / OTHER # _____

WORK # _____ EXT. _____ DL# _____

EMPLOYER _____ HOW LONG THERE? _____ OCCUPATION _____

EMPLOYER'S ADDRESS _____

Where and when are best times to reach you? _____

Whom may we thank for referring you? _____

Other family members seen by us _____

Person Responsible for Account...

NAME _____ ADDRESS _____

EMPLOYER _____ WORK # _____

SS# _____ BIRTHDATE _____ DL # _____

Insurance...

We file insurance as a courtesy.

Insurance is not meant to pay your entire balance. We have found insurance pays about 50% to 80% of treatment. Your insurance company has no obligation to us, only to you, the policyholder. If you have any grievance, please file it with your union carrier.

Regardless of any insurance you might have, please remember, the PATIENT is personally responsible FOR THE PAYMENT IN FULL FOR SERVICE.

PRIMARY DENTAL INSURANCE

Insurance Co. Name _____

Insurance Co. Address _____

Insurance Co. Phone # _____

Group # (Plan, Local or Policy #) _____

Insured's Name _____ Relation _____

Insured's Birthday _____ Insured's SS# _____

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 Birthday _____ Insured's SS# _____

Insured's Employer _____

Misc.

Do you have a personal physician? Yes No

Medical Physician's Name _____

Physician's Phone _____ Date of last visit _____

Emergency Information: Please list the names and telephone numbers of two relatives (or friends) *not living with you* that we may contact in the case of an emergency.

Name _____ Relation _____ Name _____ Relation _____

Address _____ Address _____

Phone # _____ Phone # _____