

# Welcome To Our Practice.

It is our goal to provide you with high quality care, assuring you long-term health and comfort.

## About You

Today's Date: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MI

I prefer to be called: \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ SS# \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip

Single Married Divorced Widowed Separated

Hm#( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_

Wk#( ) \_\_\_\_\_

Employer: \_\_\_\_\_

How long there? \_\_\_\_\_ Occupation \_\_\_\_\_

Where and When are best times to reach you: \_\_\_\_\_

Other family members seen by us: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Previous Dentist: \_\_\_\_\_

Last Visit Date: \_\_\_\_\_

## Spouse Information

His/Her Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Wk # \_\_\_\_\_ SS# \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

## Person Responsible for Account (if different from above)

Name: \_\_\_\_\_

Work# ( ) \_\_\_\_\_ Home# \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Relation: \_\_\_\_\_ SSN# \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_

## Dental Insurance

### Primary Dental Insurance

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_  
\_\_\_\_\_

Insurance Co. Phone: ( ) \_\_\_\_\_

Group # \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relation \_\_\_\_\_

Insured's Birthdate: \_\_\_/\_\_\_/\_\_\_

Insured's SSN# \_\_\_\_\_

Insured's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_

Employer Phone#: ( ) \_\_\_\_\_

## Dental Insurance

### Secondary Dental Insurance

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_  
\_\_\_\_\_

Insurance Co. Phone: ( ) \_\_\_\_\_

Group # \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relation \_\_\_\_\_

Insured's Birthdate: \_\_\_/\_\_\_/\_\_\_

Insured's SSN# \_\_\_\_\_

Insured's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

In the event of an emergency, is there someone that we can contact for you?

His/Her Name \_\_\_\_\_

Relation \_\_\_\_\_

Home #: ( ) \_\_\_\_\_

Work #: ( ) \_\_\_\_\_