



Welcome to Our Practice

We strive to be great relationship builders. One of our top priorities is taking the time to get to know you- offering a listening ear and treating you as a person rather than just another set of teeth to clean and fix. Why? Because in today's fragmented world it might seem that dental health and overall well-being aren't related. We are certain that they are.

Patients Name: _____ **Date** _____ **Gender:** M / F

Patient Information

D.O.B _____

| | | | |
|---------------------|-------------------------------------------------------------------|--------------|------------------------------------|
| Home Address | City | State | Zip |
| Cell Phone # | <i>Please Circle One:</i> Single Married Separated Widow | | Your Social Security Number |
| Work # | Employer | | Occupation |

If patient is minor we need Mother & Father's Names & Birth date

| | | |
|--------------------------------------------|----------------------------------------|---------------------|
| Driver's License Number: | Person responsible for account: | |
| E-mail address | Home Phone # | |
| Name of spouse (or parent if minor) | Spouse's Soc. Sec. # | Work phone # |

EMERGENCY INFORMATION *Name & Telephone of A relative not living with you:*

How did you hear about our office?

How do you enjoy spending your free time?

| DENTAL INSURANCE INFORMATION (Primary Carrier) | | | SECONDARY DENTAL INSURANCE COVERAGE | | |
|------------------------------------------------|----------|-----|-------------------------------------|----------|-----|
| Name of Insured | DOB | SS# | Name of Insured | DOB | SS# |
| Insured's employer | | | Insured's employer | | |
| Insurance Co | | | Insurance Co | | |
| Insurance Co Address | | | Insurance Co Address | | |
| Phone # | | | Phone # | | |
| Group # | Policy # | | Group # | Policy # | |

