Welcome! Thank you for selecting our dental team. We will always offer you the highest quality dental care available. In order to help us better serve you, could you please fill out these forms in their entirety as it is important for our files and your family dental health. Thank you for your cooperation.

PERSONAL INFORMATION

Name ____

Social Sec. # ________________________ Date of Birth ______________________

Preferred First Name: ____________________ ☐ Minor ☐ Single ☐ Married

Address ______________________________ City, State, Zip ______________________

Home Phone # ________________________ Work Phone # ______________________

Cellular Phone # ______________________ E-Mail ___________________________

Where do you prefer to receive calls? ☐ Home ☐ Work ☐ Cell

When is the best time to reach you? Time _________ Day _______________

Your Employer ________________________ Your Occupation ____________________

Spouse's Name ____

Spouse's Employer _____________________ Spouse's Occupation ________________

RESPONSIBLE PARTY

Name ________________________________ Relation to patient ____________________

Date of Birth _________ Social Sec. #______________ Driver's License # _________________

Is this person currently a patient in our office? ☐ Yes ☐ No

INSURANCE INFORMATION

Do you have a dental benefit plan? ☐ Yes ☐ No

Insurance Company_______________________ Insurance Phone # _____________________

Subscriber: ____

SS #/Member ID ____________________________ Date of Birth _________________________

Do you have secondary coverage? ☐ Yes ☐ No

Insurance Company_______________________ Insurance Phone # _____________________

Subscriber:____

SS #/Member ID ____________________________ Date of Birth _________________________

PLEASE LET US KNOW HOW YOU FOUND US

(Please Check & Answer The Appropriate Answer)

You found us in a brochure in Mail ______ If so which brochure or article __________________

By Internet Search ________ If So which Search Engine(s)? _____________________________

Through Your Insurance Website(s)____

Newspaper ad or article ____

Referred by a friend or Family ____ If so who can we thank? ____________________________

Other source: ____

____

Please Print Your Name Above and Date

____ Date______________

Signature