

WELCOME

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us - we will be happy to help.

1 Personal Information

Date _____
Birthdate _____
Soc. Sec. # _____
Name _____
Wishes to be called _____
 Male Female Minor Single Married Divorced Widowed Separated
Address _____
City, State, Zip _____
Employer _____ Occupation _____
Referred by _____

2 Responsible Party

Who is responsible for the account?
Name _____
Relationship to patient _____
Birthdate _____ Driver's License # _____
Soc. Sec. # _____
Address _____
City, State, Zip _____
Employer _____
Occupation _____
Work Phone _____ Ext. # _____
Home Phone _____

3 Telephone

Home Phone _____
Work Phone _____ Ext. # _____
Car Phone _____
Where do you prefer to receive calls? Home Work Car
When is the best time to reach you? Time _____ Days _____
In the event of an emergency, who should we contact?
Name _____ Relationship _____ Work # _____ Home # _____