

## ***THANK YOU FOR SELECTING OUR DENTAL TEAM***

TO HELP US MEET ALL OF YOUR HEALTHCARE NEEDS, PLEASE FILL OUT THIS FORM COMPLETELY IN INK.  
IF YOU HAVE ANY QUESTIONS, OR NEED ASSISTANCE, PLEASE ASK US AND WE WILL BE HAPPY TO HELP.

### **PATIENT INFORMATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CIRCLE ONE      MINOR   SINGLE   MARRIED   DIVORCED   SEPERATED   WIDOWED

IF STUDENT, NAME OF SCHOOL/ COLLEGE \_\_\_\_\_ CITY \_\_\_\_\_

PATIENT'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_

SPOUSE OR PARENT/ GUARDIAN'S NAME \_\_\_\_\_  
SPOUSE OR PARENT/ GUARDIAN'S EMPLOYER \_\_\_\_\_  
SPOUSE OR PARENT/ GUARDIAN'S WORK NUMBER \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY CONTACT PHONE \_\_\_\_\_

### **RESPONSIBLE PARTY**

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT \_\_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_  
IS THIS PATIENT CURRENTLY A PATIENT IN OUR OFFICE?                      yes                      no

### **INSURANCE INFORMATION**

NAME OF INSURED \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_ GROUP \_\_\_\_\_ SUBSCRIBER ID \_\_\_\_\_  
INS CO ADDRESS \_\_\_\_\_

IF YOU HAVE ADDITIONAL INSURANCE, PLEASE NOTIFY THE OFFICE.

I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND RECORDS OF ANY TREATMENT GIVEN TO ME OR MY CHILD TO THIRD PARTY PAYORS AND OR HEALTH PRATICIONERS. I AUTHORIZE MY INSURANCE COMPANY TO PAY DIRECTLY TO THE DENTIST BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND MY DENTAL INSURANCE MAY PAY LESS THAN THE ACTUAL BILL FOR SERVICE. I AGREE TO BE RESPONSIBLE FOR PAYMENT OF ALL SERVICES RENDERED ON MY BEHALF OF MY DEPENDENTS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_