



# Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

## Patient Information

Date _____	Home Phone (____) _____	Cell Phone (____) _____
Name _____ Last Name First Name Middle Initial	SS/HIC/Patient ID # _____	
Address _____	E-mail _____	
City _____	State _____	Zip _____
Sex <input type="checkbox"/> M <input type="checkbox"/> F Age _____ Birthdate _____	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Minor	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered for _____ years
Patient Employer/School _____	Occupation _____	
Employer/School Address _____	Employer/School Phone (____) _____	
Whom may we thank for referring you? _____		
In case of emergency who should be notified? _____ Phone (____) _____		

## Primary Insurance

Person Responsible for Account _____ Last Name First Name Middle Initial		
Relation to Patient _____ Birthdate _____	Soc. Sec. # _____	
Address (If different from patient's) _____	Phone (____) _____	
City _____	State _____	Zip _____
Person Responsible Employed by _____	Occupation _____	
Business Address _____	Business Phone (____) _____	
Insurance Company _____		
Contract # _____ Group # _____	Subscriber # _____	
Names of other dependents covered under this plan _____		

## Additional Insurance

Is patient covered by additional insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber Name _____ Birthdate _____	Relation to Patient _____	
Address (If different from patient's) _____	Phone (____) _____	
City _____	State _____	Zip _____
Subscriber Employed by _____	Business Phone (____) _____	
Insurance Company _____	Soc. Sec. # _____	
Contract # _____ Group # _____	Subscriber # _____	
Names of other dependents covered under this plan _____		