

OFFICE
USE ONLY

CHART# _____ BILLING # _____ DATE ____ / ____ / ____

PLEASE PRINT

PATIENT
INFORMATION

Last Name _____ First _____ Middle _____

How would you like to be addressed? _____ Home Phone: _____ Cell _____

Mailing Address _____ City _____ State _____ Zip _____

How Long _____

SEX M F	Date of Birth	Mo.	Day	Yr.	Marital Status S M W D	Social Security				-			-			
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Driver's License # _____ State _____ Occupation _____ If student, FT/PT? Circle one.

Employer's Name _____ Business Phone _____

Employer's Address _____

PARTY
RESPONSIBLE
If other
than
patient

Last Name _____ First _____ Middle _____

How would you like to be addressed? _____ Home Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

How Long: _____

SEX M F	Date of Birth	Mo.	Day	Yr.	Marital Status S M W D	Social Security				-			-			
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Driver's License # _____ State _____ Occupation _____ If student, FT/PT? Circle one.

Employer's Name _____ Business Phone _____

Employer's Address _____

DENTAL
INSURANCE
YES / NO

Insured Party _____ Policy # _____ Social Security # _____

Employer _____ Phone # _____ Insurance Company _____

Send Claims To _____ Phone # _____

I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO INSURANCE.

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW NAMED DENTIST
ON THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.

SIGNED (PATIENT, OR PARENT IF MINOR) _____

DATE _____

SIGNED (INSURED PERSON) _____

DATE _____

Previous Dentist's Name _____ Physician's Name _____

Name & Address of Nearest Living Relative _____

Is any other member of your family a patient here? Yes No If so, patient's name _____

Whom may we contact in case of emergency? _____ Phone # _____

What is the one thing about your smile that you would like to change? _____

If there is an easy way to whiten your teeth, would you be interested? Yes No

HOW DID YOU FIND OUT ABOUT OUR OFFICE? (Please check one)

1. Referred by a patient, Who? _____ 2. Referred by one of our employees, Who? _____

3. Yellow Pages + _____ 4. Newspapers + _____ 5. Radio + _____ 6. TV + _____ 7. Direct Mail. What type? _____

8. Brochure + _____ 9. Your employer? + _____ 10. Other _____