Confidential Patient Information

Patient's Name_____Gender_____
Last First Middle

Address_____
Street City State Zip

Home Phone (___) ____-_____ Birthdate___/___/___ Age_____ General Dentist_____

Whom may we thank for referring you to our office? Name_____

Doctor Family/Friend Patient Internet Search Magazine Ad Newspaper Ad Insurance

If patient is a minor, give parent/guardian's name _____

Confidential Responsible Party Information

Name_____ Marital Status_____
Last First Middle

Residence_____
Street City State Zip

Mailing Address_____
Street City State Zip

How long at this address _____ Home (___) _____-_____Work (___) _____-_____Cell (___) _____-_____

Email Address: _____ Choose addt'l method for reminders: Phone Text

Social Security #____-____-____ Birthdate___/___/___ Relationship to Patient_____
Needed to submit insurance claims

Employer_____Occupation_____ No. Years Employed_____

Spouse's Name_____Relationship to Patient_____
Last First Middle

Employer_____Occupation_____ No. Years Employed_____

Social Security #____-____-____ Birthdate ___/___/___ Work (___) ____-_____Cell (___) ____-_____
Needed to submit insurance claims

Insurance Information

Policy Holder _____Employer_____Soc. Sec. #____-____-____

Insurance Company_____ Insured ID #_____Group No. _____

Insurance Co. Address_____ Ins. Co. Phone (___) ____-_____

Do you have dual coverage? No ___ Yes ___ If yes, complete below:

Policy Holder _____Employer_____Soc. Sec. #____-____-____

Insurance Company_____ Insured ID #_____Group No. _____

Insurance Co. Address_____ Ins. Co. Phone (___) ____-_____

I have completed this form fully and completely, and certify that I am the patient or duly authorized general agent of the patient authorized to furnish the information requested. I understand that even though I may have some type of insurance coverage I am responsible for payment of services. The policy in this office is the parent or guardian who requests treatment for the child is responsible for all fees for services rendered.

Signature (Parent/Guardian's signature if minor) _____ Date____/____/____