

## Patient Information

A B C

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

If Patient is Minor, give parent's or guardian's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

General Dentist \_\_\_\_\_ Phone# \_\_\_\_\_ Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

If patient is full time student: School \_\_\_\_\_ City \_\_\_\_\_

## Responsible Party Information

Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
Last First Middle

Residence \_\_\_\_\_ Own or Rent? \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

How long at this address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Previous Address (if less than 3 yrs) \_\_\_\_\_  
Street City State Zip

Email Address(es) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. of years employed \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. of years employed \_\_\_\_\_

## Insurance Information

Insured's Name \_\_\_\_\_ Insured's Employer \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_

Insured's Insurance Company \_\_\_\_\_ Ins. Co. Phone # \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Group # \_\_\_\_\_ Local # \_\_\_\_\_

Please complete the following if you have dual coverage:

Insured's Name \_\_\_\_\_ Insured's Employer \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_

Insured's Insurance Company \_\_\_\_\_ Ins. Co. Phone # \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Group # \_\_\_\_\_ Local # \_\_\_\_\_

## Emergency Information

Name of nearest relative not living with you \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_ Alternate Number \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.

CONFIDENTIAL (for record and pretreatment evaluation)

Signature(Parent's signature if minor) \_\_\_\_\_

Updates (initials & date) \_\_\_\_\_