



## Welcome to Our Practice

We strive to be great relationship builders. One of our top priorities is taking the time to get to know you- offering a listening ear and treating you as a person rather than just another set of teeth to clean and fix. Why? Because in today's fragmented world it might seem that dental health and overall well-being aren't related. We are certain that they are.

**Patients Name:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Gender:**  M / F

### Patient Information

**D.O.B** \_\_\_\_\_

<b>Home Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Cell Phone #</b>		<i>Please Circle One:</i> Single   Married   Separated   Widow		<b>Your Social Security Number</b>
<b>Work #</b>		<b>Employer</b>		<b>Occupation</b>
<i>If patient is minor we need Mother &amp; Father's Names &amp; Birth date</i>				
<b>Driver's License Number:</b>			<b>Person responsible for account:</b>	
<b>E-mail address</b>			<b>Home Phone #</b>	
<b>Name of spouse (or parent if minor)</b>		<b>Spouse's Soc. Sec. #</b>	<b>Work phone #</b>	
<b>EMERGENCY INFORMATION</b> <i>Name &amp; Telephone of A relative not living with you:</i>				
<b>How did you hear about our office?</b>				
<b>Reason for this visit?</b>				

DENTAL INSURANCE INFORMATION (Primary Carrier)			SECONDARY DENTAL INSURANCE COVERAGE		
<b>Name of Insured</b>	<b>DOB</b>	<b>SS#</b>	<b>Name of Insured</b>	<b>DOB</b>	<b>SS#</b>
<b>Insured's employer</b>			<b>Insured's employer</b>		
<b>Insurance Co</b>			<b>Insurance Co</b>		
<b>Insurance Co Address</b>			<b>Insurance Co Address</b>		
<b>Phone #</b>			<b>Phone #</b>		
<b>Group #</b>	<b>Policy #</b>		<b>Group #</b>	<b>Policy #</b>	

