



Today's Date		
Name	Name I like to be called	
Mailing Address	City	_ Zip
Street Address	City	_ Zip
Birthdate Marital Status SS#	E-mail	
Hm# (Wk # ()	Ext Cell # ()	
Occupation	_ Employer	
Spouse's or Parent's Name	Birthdate SS#	
Spouse's or Parent's Occupation	_ Spouse's or Parent's Employer_	
Contact Phone Number ()	_	
PERSON RESPONSIBLE FOR ACCOUNT		
☐ Check if same as above: proceed to next section		
Name	_ SS# or ID#	
Address	_ City	Zip
Relationship to Patient	_ Birthdate	
Employer	Work Phone ()	
DENTAL INSURANCE		
Employee Name	_ Birthdate	
Insurance Company	_ Customer Service #	
Employer		
GETTING TO KNOW YOU		
Please list the members of your family that are patients in our office: Names:		
How did you hear about our office? ☐ Yellow Pages	☐ Website ☐ Mailer	□ Sign
		•
	☐ Friend/Family	
Person to contact in case of emergency (not living with you)	Di ()	
Name	,	
Address	_ City State	Zip