

# Patient Information

Today's Date \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME#: \_\_\_\_\_ PAGER/CELL#: \_\_\_\_\_ WORK#: \_\_\_\_\_ EXT: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS IF LESS THAN 3 YEARS: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GENDER: M F DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

**MARTIAL STATUS:** MARRIED SINGLE DIVORCED

EMPLOYER: \_\_\_\_\_ NUMBER OF YEARS EMPLOYED: \_\_\_\_\_

SPOUSE OR PARENT NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ NUMBER OF YEARS EMPLOYED: \_\_\_\_\_

## DENTAL INSURANCE INFORMATION

INSURED'S NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ GROUP # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

INSURANCE COMPANY/ADDRESS: \_\_\_\_\_

## EMERGENCY INFORMATION

CLOSEST FRIEND/RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

## METHOD OF PAYMENT

WHICH OF THE FOLLOWING METHODS OF PAYMENT WILL YOU BE USING? (FEE MUST BE PAID IN FULL AT THE COMPLETION OF TREATMENT.) CASH: \_\_\_\_\_, CHECK: \_\_\_\_\_, MC: \_\_\_\_\_, VISA: \_\_\_\_\_

ALL INFORMATION WRITTEN IS TRUE AND COMPLETE. IF THE ACCOUNT IS PLACED WITH A COLLECTION AGENCY, ALL REASONABLE COSTS AND/OR LEGAL FEES SHALL BE THE RESPONSIBILITY OF THE UNDERSIGNED.

**SIGNATURE:** \_\_\_\_\_

**IF DENTAL INSURANCE APPLIES:** ALTHOUGH THIS OFFICE FILES INSURANCE CLAIMS AS A SERVICE TO THE PATIENT, THE INSURANCE CONTRACT IS BETWEEN THE PATIENT AND THE INSURANCE COMPANY. AS WE HAVE NO CONTROL OVER THE INSURANCE COMPANY'S METHOD OF PAYMENT OR AMOUNT OF PAYMENT, ANY DIFFERENCE OF PAYMENT IS ENTIRELY THE RESPONSIBILITY OF THE PATIENT/RESPONSIBLE PARTY.

**INITIALS:** \_\_\_\_\_

**FUTURE UPDATES (DATE & INITIAL)** \_\_\_\_\_

ALL INFORMATION PROVIDED IS CONFIDENTIAL (FOR RECORD AND EVALUATION)