

**Patient Information (Confidential)**

Date _____

Name _____ I prefer to be called _____ Birth date _____
(First) (MI) (Last)☐ M ☐ F ☐ Single ☐ Married Social Security # _____ Driver's License # _____Address _____
(Street) (City) (State) (Zip)Phone Numbers (List All) _____
(Home) (Work) (Cell) (Other)

Employer _____ Occupation _____

Whom may we thank for referring you? _____

Other family members seen by us _____

Person to contact in case of emergency? _____ Phone _____

Spouse Information

Spouse _____ Birth date _____ Soc Sec # _____

Employer _____ Occupation _____

Responsible PartyName on Account (Whose name is to appear on billing statements?) ☐ My Name ☐ My Spouse's Name**Confirming Appointments**

We prefer to confirm appointments by email. Please list your email address here _____

If you do not have email or do not check it regularly, please list the best phone number to reach you during the day _____

Insurance

If you will be using dental insurance, please show your dental insurance card/s to the receptionist for verification of benefits.

Name of Primary _____ Subscriber # _____

Secondary _____ Subscriber# _____ Self Spouse

Self Spouse