

# Welcome! Help us get to know you....

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_, ZIP \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex M F E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an emergency who should we notify? \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Hobbies or special interests? \_\_\_\_\_

We try to confirm appointments that you have scheduled.

May we call you at work? \_\_\_\_\_

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

## **INSURANCE**

Primary Dental Insurance \_\_\_\_\_

Policy Holder \_\_\_\_\_ Employer \_\_\_\_\_

Policy holder Soc. Sec. # \_\_\_\_\_ Birth date \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Policy Holder \_\_\_\_\_ Employer \_\_\_\_\_

Policy holder Soc. Sec. # \_\_\_\_\_ Birth date \_\_\_\_\_