



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: _____ **Preferred Name:** _____

DOB _____ **Gender:** M / F **Date** _____

Patient Information

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

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

