

**PATIENT INFORMATION (CONFIDENTIAL)**

NAME \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_  
ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
SS# \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_  
CIRCLE APPROPRIATE STATUS: MINOR/ SINGLE/ MARRIED/ DIVORCED/ WIDOWED/ SEPARATED  
IF COLLEGE STUDENT, NAME OF SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PATIENT OR PARENT/GUARDIAN EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
EMPLOYER WORK PHONE \_\_\_\_\_  
SPOUSE NAME & EMPLOYER WORK PHONE \_\_\_\_\_  
WHOM MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_  
PERSON TO CONTACT IN CASE OF EMERGENCY \_\_\_\_\_  
RELATIONSHIP & PHONE NUMBER \_\_\_\_\_

**RESPONSIBLE PARTY \*\***

NAME OF PERSON FINANCIALLY RESPONSIBLE FOR THIS ACCOUNT \_\_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_  
HOME ADDRESS (NO P.O. BOX) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_  
BIRTHDATE \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
IS THIS PERSON CURRENTLY A PATIENT IN OUR OFFICE? YES / NO

**DENTAL INSURANCE INFORMATION**

NAME OF INSURED \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_  
BIRTHDATE \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_ DATE EMPLOYED \_\_\_/\_\_\_/\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_ UNION OR LOCAL # \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ EMPLOYER ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
INSURANCE CO NAME \_\_\_\_\_

DO YOU HAVE ANY ADDITIONAL INSURANCE?  YES  NO IF YES, COMPLETE THE FOLLOWING:

NAME OF INSURED \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_  
BIRTHDATE \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_ DATE EMPLOYED \_\_\_/\_\_\_/\_\_\_  
NAME OF EMPLOYER \_\_\_\_\_ UNION OR LOCAL # \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
INSURANCE CO NAME \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY \*\*

\*\*WE ARE HAPPY TO ACCEPT YOUR DENTAL INSURANCE AND WORK WITH YOU AND YOUR INSURANCE COMPANY HOWEVER, PLEASE REMEMBER THAT THE FINAL RESPONSIBILITY FOR YOUR ACCOUNT BALANCE RESTS WITH YOU.