

Welcome

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help use meet all your dental healthcare needs, please print this form, fill it out, and bring with you to your appointment. If you have any questions please call us- we will be happy to help.

1 Personal Information

Date _____

Birthdate _____

Soc Sec# _____

Name _____

Wished to be called _____

- Male female Minor Single Married Divorced
 Widowed Separated

Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Referred by _____

2 Responsible Party

Who is responsible for the account?

Name _____

Relationship to patients _____

Birth date _____

Soc. Sec # _____

Address _____

City _____ State _____ Zip _____

Employer _____

Occupation _____

Work Phone _____ Ext.# _____

Home Phone _____

3 Telephone

Home Phone _____

Work Phone _____ Ext.# _____

Cell Phone _____

Where to you prefer to receive calls Home Work Cell

When is the best time to reach you? Time _____ Days _____

In the event of an emergency, who should we contact?

Name _____ Relationship _____ Work _____

Home # _____