

Welcome

Thank you for selecting our dental healthcare team - we are pleased to welcome you to our practice! To help us better serve you and meet your dental healthcare needs, please complete the following form. If you have any questions or need assistance, please ask us - we are happy to help!

Personal Information

Date _____

Name _____ Birthdate _____ Age _____

Wishes to be called _____ Soc. Sec. # _____

Sex F M Minor Single Married Divorced Widowed Separated

Address _____

City _____ State/Zip _____

Employer _____ Occupation _____

Business Address _____

Whom may we thank for referring you? _____

Responsible Party

Person responsible for account:

Name _____

Relationship to patient _____

Birthdate _____

Soc. Sec. # _____

Address _____

City _____ State/Zip _____

Employer _____ Occupation _____

Work Phone _____ Ext.# _____

Home Phone _____ Cell Phone _____

Contact/Telephone

Home Phone _____

Work Phone _____ Ext.# _____

Cell Phone _____ Pager _____ E-Mail _____

What is the best way to contact you in person? Home Work Cell

Do you prefer to receive correspondence by e-mail? Yes No

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

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

Name _____ Relationship _____ Wk Ph _____ Hm Ph _____