

# Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

## Patient Information

Date \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Name you would like us to use \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex M F Age Birthdate  Married  Widowed  Single  Minor  
 Separated  Divorced  Partnered for \_\_\_\_\_ years

Patient Employed/School \_\_\_\_\_ Occupation \_\_\_\_\_

Employer/School Address \_\_\_\_\_ Employer/School Phone (\_\_\_\_\_) \_\_\_\_\_

In case of emergency who should be notified? \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## Primary Insurance

Person Responsible for Account \_\_\_\_\_  
Last Name First Name Middle Initial

Relation to Patient \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address (If different from patient) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person Responsible Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Contract # \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

Names of other dependents covered under this plan \_\_\_\_\_

## Thank You

We appreciate our patients who refer us to their friends. Whom may we thank for referring you?

Name \_\_\_\_\_

How did you hear about us if not through another patient?

Treasure Coast Directory  Yellow Pages  Church Bulletin  Insurance Co.  Sign

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status.

*\*Your appointment is strategically reserved in our busy schedule. Our staff will make every attempt to call you prior to your upcoming appointment as a reminder. Baring unforeseen emergencies, if you do not show for your reserved time, we can request pre-payment for the next rescheduled appointment time.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/Parent/Responsible Party for the Account