

## Patient Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ ☐ Male ☐ Female

SS# \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Do you want to receive appointment reminders by text message?

☐ Yes

☐ No

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

Referred by: \_\_\_\_\_

Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Minor

Spouse's Name: \_\_\_\_\_

## Account Information

Person Ultimately Responsible for this Account: ☐ Self (must be over 18) ☐ Spouse ☐ Parent (below section to be filled out if spouse or parent selected) Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

SS# \_\_\_\_\_

Birth Date: \_\_\_\_\_

## Emergency Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Reason for Today's Visit: ☐ General Exam ☐ Toothache ☐ Swollen ☐ Check Gums Other \_\_\_\_\_

Do you require premedication? ☐ YES ☐ NO

Previous Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Dental Insurance Information

Dental Insurance Co. \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

ID #: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_

Relation to Primary Insurance Holder: ☐ Self ☐ Spouse ☐ Dependent ☐ Other \_\_\_\_\_

## This section is to be filled out only if you are not the primary insurance holder:

Name (of primary ins. holder): \_\_\_\_\_

Address: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_

SS #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

## Please check all that you are allergic to:

☐ Latex

☐ Penicillin/Amoxicillin

☐ Aspirin

☐ Tetracycline

☐ Codeine

☐ Local Anesthetics

☐ Iodine

☐ Barbiturates (sleeping pills)

☐ Sulfa

☐ None

Other \_\_\_\_\_