

**Patient Information**

A B C

**Patient's Name** \_\_\_\_\_ M  F   
 Last First Middle  
 Address \_\_\_\_\_ How long at this address? \_\_\_\_\_  
 Street City State Zip  
 Home Phone \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ S. S. # \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. of years Employed \_\_\_\_\_  
 General Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
 Whom may we thank you for referring you to our office? \_\_\_\_\_  
 Special interests / hobbies \_\_\_\_\_

**Responsible Party Information ( If different from Above)**

Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_ How long at this address? \_\_\_\_\_  
 Street City State Zip  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ S. S. # \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Previous Address (if less than 3 years) \_\_\_\_\_  
 Street City State Zip  
 Relationship to patient \_\_\_\_\_ Employer \_\_\_\_\_ Years Employed \_\_\_\_\_  
**Spouse's Name** \_\_\_\_\_ S. S. # \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship to patient \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 (If different from above)

**Insurance Information**

Policy Holder's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ S. S. # \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_  
 Insurance Co. Address \_\_\_\_\_ Phone # \_\_\_\_\_  
**Do you have Dual Insurance Coverage? YES NO**  
 2ND Insurance Policy Holder's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ S. S. # \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Address of Policy Holder if different : \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_  
 Insurance Co. Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Information**

Nearest relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Patient Signature (Parent's signature if minor)** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.  
CONFIDENTIAL (for record and pretreatment evaluation)