



WELCOME

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

Patient's Name \_\_\_\_\_ SS# \_\_\_\_\_

I prefer to be called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. # \_\_\_\_\_ Cell Ph. # \_\_\_\_\_ Alt Ph. # \_\_\_\_\_

Employer \_\_\_\_\_ Work Ph. # \_\_\_\_\_

Email \_\_\_\_\_

Dental Benefit Company \_\_\_\_\_ Group # \_\_\_\_\_

SS# or Insurance ID# \_\_\_\_\_

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

Spouse's Date of Birth \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Work Ph. # \_\_\_\_\_ Cell Ph. # \_\_\_\_\_

Spouse's Dental Benefit \_\_\_\_\_ Group # \_\_\_\_\_

SS# or Insurance ID# \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Person responsible for this account \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

My other family members who should have a dental appointment  
are \_\_\_\_\_

Prior/Present Dentist \_\_\_\_\_ Approx date of last visit \_\_\_\_\_