Reset

Welcome

The benefits of a happy, healthy smile are immeasurable! A beautiful smile is a wonderful asset.

Please fill out these forms completely. The better we communicate, the better we can care for you.

About You

Date:_____

Name:_____

Birth Date:_____ Age:_____ SS #_____

Home Address::_____

_____

Marital Status:_____

Home #:_____

Work #:_____

Cell #:_____

E-mail address for internet confirmation if desired:

_____

Employer:_____

Occupation:_____

Whom may we thank for referring you?

_____

Other family members seen here:

_____

Date of last teeth cleaning:_____

Date of last dental x-ray:_____

Dental Insurance

Insured's Name (if different):_____

Insured's SS #:_____

Insured's Employer:_____

Policy #:_____

Secondary Insurance

Insurance Co. Name:_____

Insured's Name:_____

Insured's SS #:_____

Insured's Employer:_____

Policy #:_____

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

Name:_____ Relationship:_____

Phone #:_____ Cell #_____

Work #:_____

Spouse Information

His/Her Name:_____

Employer:_____

Work #:_____ Cell #:_____

Birth Date:_____

Person Responsible for Account:_____

Relationship_____ SS#_____

Billing Address (if different):_____

_____