



**PATIENT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_  I would like to receive reminders via email  
I would like to receive Reminders via text message

Sex: Female Male Marital Status: Married Single Divorced Widowed

Employment Status: Full Time Part Time Student Status: Full Time Part Time

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

**REFERRAL INFORMATION** How did you hear about us? \_\_\_\_\_

**RESPONSIBLE PARTY** (If different from the patient)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_  I would like to receive reminders via email  
I would like to receive Reminders via text message

**DENTAL INSURANCE INFORMATION** (Dental insurance only, not health insurance)

Subscriber Name \_\_\_\_\_ Subscriber Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscriber Social Security Number or Member ID Number \_\_\_\_\_

Employer \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Employer Address \_\_\_\_\_ Insurance Co. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECONDARY INSURANCE** (If Any)

Subscriber Name \_\_\_\_\_ Subscriber Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscriber Social Security Number or Member ID Number \_\_\_\_\_

Employer \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Employer Address \_\_\_\_\_ Insurance Co. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_