

Welcome to our practice! This *confidential* information will help us prepare for your visit.

Patient Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Birth Date: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Ext _____ May we contact you there? Yes No

Email Address: _____ May we correspond via email? Yes No

Social Security Number: _____ *Required for protective and insurance reasons only. We do not give out your number and do not have Internet access available to compromise our system. We will not use your number for any reason other than in-office use.

Marital Status: Married Single Divorced Separated Widowed Sex: Male Female

Preferred Pharmacy: _____ Phone Number: _____

Payment Information:

Cash/Check/Credit Card No-Interest Health Care Card (administered through Care Credit)

I have dental insurance *Please fill in information below Policy Holder: Self Spouse Other

If not self, Policy Holder's name: _____ Birth Date: _____

Policy Holder's Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Insurance Company: _____ * We will assume, as a protective measure, you have verified with your insurance company that we are in-network providers, otherwise you could be held responsible for the services rendered.

Insurance Company Address: _____

Phone Number: _____

Group Number (on card): _____ Subscriber ID/SSN (on card): _____

Secondary Insurance Information:

Policy Holder: Self Spouse Other

If not self, Policy Holder's name: _____ Birth Date: _____

Policy Holder's Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Insurance Company: _____ * We will assume, as a protective measure, you have verified with your insurance company that we are in-network providers, otherwise you could be held responsible for the services rendered.

Insurance Company Address: _____

Phone Number: _____

Group Number (on card): _____ Subscriber ID/SSN (on card): _____