



WELCOME TO OUR OFFICE!

Our Purpose Is: We are here to build health-enhancing relationships and friendships with the people in our reach. We each bring a strong personal commitment to our work and by making a significant difference in the lives of others we come to know ourselves better. *Written collectively by your dedicated Dental Team*

PATIENT INFORMATION

Name: Mr. Mrs. Ms. _____ Today's Date: ____/____/____
First MI Last

What would you like us to call you? (preferred name): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Primary) _____ (Work) _____ (Cell) _____

Email Address: _____

How would you like us to confirm your appointments: E-mail Phone Not necessary

Social Security Number: _____ Date of Birth: ____/____/____

Whom may we contact in case of emergency:

Name: _____ Phone: _____

Whom may we thank for referring you: _____

TELL US ABOUT YOU

The better we understand you, the better we can serve you. We don't like to make assumptions or guess about what makes you tick. Please place an **X** along each line indicating which way your opinion or preference leans.

I like to be presented with fewer options



I like to be presented with more options

I tend to look at the details



I tend to look at the big picture

I prefer long-lasting solutions that may cost more



I prefer more temporary solutions at lower cost

My insurance largely determines the extent of my care



I largely determine the extent of my care

(over please)

PERSON RESPONSIBLE FOR PAYMENT/ PRIMARY DENTAL INSURANCE

Name: Mr. Mrs. Ms. _____
First
MI
Last

Street Address: _____
Address if different from Patient Information

City: _____ State: _____ Zip Code: _____

Phone: *(Home)* _____ *(Work)* _____

Social Security Number: _____ Date of Birth: ____/____/____

Employer Name: _____ Occupation: _____

Employer Address: _____

Insurance Company: _____ Phone: _____

Group Number: _____ Contract Number: _____

Have you used your insurance this year? Yes No

SPOUSE AND/OR SECONDARY DENTAL INSURANCE

Name: Mr. Mrs. Ms. _____
First
MI
Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: *(Home)* _____ *(Work)* _____

Social Security Number: _____ Date of Birth: ____/____/____

Employer Name: _____ Occupation: _____

Employer Address: _____

Insurance Company: _____ Phone: _____

Group Number: _____ Contract Number: _____

To the best of my knowledge, the information above is correct. I realize that this office will assist with insurance billing and to the best of their knowledge, however, all charges for services and any finance charge for untimely payments are ultimately my responsibility.

Signature (parent's if minor) X: _____ **Date:** ____/____/____