Date____________

Confidential Patient Information

A B C 10/08

Patient's Name____
Last First Middle

Address____
Street City State Zip

Home Phone____________ Birth Date__________ Social Security #__________

Patient's Dentist____________________Patient's Doctor____________________.

If patient is a minor, give **parent's or guardian's** name____________________

Whom may we thank for referring you to our office?____________________

Confidential Responsible Party Information

Name______________________________ Marital Status________
Last First Middle

Email address: ____

Residence______________________________ ☐ Own ☐ Rent
Street City State Zip

Mailing Address______________________________ Home Phone__________
Street City State Zip

How long at this address________ Work Phone____________ Cell Phone____________

Previous Address (if less than 3 yrs.)______________________________
Street City State Zip

Social Security #__________ Birth Date__________ Relationship to Patient__________

Employer____________ Occupation__________ No. Years Employed__________

Spouse's Name____________________ Relationship to Patient__________
Last First Middle

Employer____________ Occupation____________ No. Years Employed________

Social Security #__________ Birth Date__________ Work Phone____________

Dental Insurance Information

Policy Holder's Name____________________ and Soc.Sec. #____________

Insurance Company________________ Group No.______ Union Local No.________

Insurance Co. Address____________________ Insurance Co. Phone__________

Policy Holder's Employer______________________________

Do you have dual coverage? No ☐ Yes ☐ If yes:

Policy Holder's Name____________________ and Soc. Sec. #____________

Insurance Company________________ Group No.______ Union Local No.________

Insurance Co. Address________________ Insurance Co. Phone____________

Policy Holder's Employer______________________________

Emergency Information

Name of nearest relative not living with you____________________

Complete Address______________________________

Phone________________ Relationship:________________

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's or guardian's signature if minor)______________________________

Updates (date & initial)______________________________