

# Welcome!

Thank you for choosing our office. Our mission is to provide our patients with personalized, comfortable, high quality dental care and education which will result in lasting oral health and esthetics.

## Patient Information (Confidential)

Name: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
*Last name First name Last name First name*

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Drivers License # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How long there? \_\_\_\_ May we call? \_\_\_\_\_

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

Spouse's Name (Or other parent/guardian) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ How long there? \_\_\_\_ May we call? \_\_\_\_\_

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

Are you a student?  Yes  No

Name of School/College: \_\_\_\_\_ City & State \_\_\_\_\_  Full time  Part time

How did you hear about our practice? \_\_\_\_\_

<b>Primary Insurance:</b> Name of Insured _____ Date of Birth _____ Relationship _____ Address _____ Insurance Co. _____ Phone _____ Soc. Sec. # _____ ID # _____ Group/Contract/Local/Union # _____	<b>Additional Insurance:</b> Name of Insured _____ Date of Birth _____ Relationship _____ Address _____ Insurance Co. _____ Phone _____ Soc. Sec. # _____ ID # _____ Group/Contract/Local/Union # _____
<b>In case of Emergency:</b> Name and City of primary care physician _____ Someone we may contact, not living with you: _____ Phone #'s _____	