

Welcome! Let's get acquainted

Today's date: _____

Rest assured all gathered information will remain confidential.
To save time please do your best to collect this information before your appointment.

Name _____
Address _____
City _____ State _____ Zip _____
Tel No. Home _____ Mobile _____
E-mail _____
SS# _____
Birthdate _____ Age _____

Employer _____
Employer's phone No. _____
Occupation _____
Primary Dental Insurance _____
Address _____
Phone number _____
Insured's name _____ SS# _____
DoB _____ Patient's relationship to insured _____
Secondary Dental Insurance? _____

Who is responsible for this account? _____

Emergency contact Name _____
phone# _____ Relationship _____

Who may we thank for referring you to us?

Some Initial Medical Information:

Do you require any premedication?

Do you have sensitivity to any medications?

Are there any health issues we should be aware of before your appointment?