



Thank you for selecting our dental healthcare team! We strive to provide you with the best possible dental care. To help us meet your dental healthcare needs, please fill out this form completely. If you have any questions or need assistance, please just ask. We will be happy to help.

Patient Information

(Confidential)

Today's date: _____

Mr. Mrs. Miss Ms. Dr. _____ Date of Birth: _____ Age: _____
Circle one First Name Mi Last Name

How would you like to be addressed? _____ So. Sec. # _____

Marital status: (circle) S M D W P Sex: (circle) M F E-mail address: _____

Address: _____
Street City State Zip

Home Phone # _____ Work# _____ Cell# _____

Best phone number to reach you (circle): Home Work Cell

How would you like to be reminded of appointments (circle all)? Phone Postcard Email Text Carrier Pigeon ☺

Employer: _____ Occupation: _____
If Student, name of School

Spouse/Parents Name: _____ Work# _____ Cell# _____

Employer: _____ Occupation: _____

Person Responsible for Account: _____ Self _____ Other: (Name) _____

Address: _____ Phone# _____

Whom may we thank for referring you? _____

Emergency Contact not living with you: _____ Phone# _____

Dental Insurance

Name of Insured: _____ Relationship: _____ Employer: _____

Date of Birth: _____ SS# _____ ID# _____

Insurance Company: _____ Phone# _____

Mailing Address: _____

Group or Policy # _____ Self only? Y N Family coverage? Y N

Secondary Dental Insurance

Name of Insured: _____ Relationship: _____ Employer: _____

Date of Birth: _____ SS# _____ ID# _____

Insurance Company: _____ Phone# _____

Mailing Address: _____

Group or Policy # _____ Self only? Y N Family coverage? Y N

Patient Comfort

Our office strives to make your dental treatment as comfortable and relaxing as possible. Please circle any of the following items that you may like to try.

- Neck Pillow
Soft Blanket
Ear Plugs

- Cable TV
Music Headphones
Happy Hour! ☺

- Nitrous Oxide Sedation (laughing gas)
Oral sedation (anti-anxiety medication)
Other _____