

Personal Information

Name: _____
 I prefer to be called: _____
 Single Married Divorced Widowed
 Male Female SSN: _____ - _____ - _____
 Birthday: ____ / ____ / ____ Age: _____
 Street Address: _____
 PO Box: _____ Apt: _____
 City/State/Zip: _____
 Home Phone: (____) _____ - _____
 Cell Phone: (____) _____ - _____
 Email: _____
 Employer: _____
 Occupation: _____
 Work Phone: (____) _____ - _____
 How did you hear about us? _____
 If referred, whom may we thank? _____

Parent's Information

Mother Step Mother Guardian
 Name: _____ Birthday: _____
 Home/Cell: _____ Work: _____
 Employer: _____
 SSN: _____ - _____ - _____

Father Step Father Guardian
 Name: _____ Birthday: _____
 Home/Cell: _____ Work: _____
 Employer: _____
 SSN: _____ - _____ - _____

Dental Insurance

Primary Dental Insurance

Insurance Co. Name: _____
 Insurance Co. Address: _____
 Insurance Co. Phone Number: _____
 Member ID: _____
 Group #: _____
 Insured's Name: _____
 Insured's Birthday: ____ / ____ / ____
 Insured's SSN: _____ - _____ - _____
 Insured's Employer: _____
 Medical Insurance: _____

Spouse Information

Name: _____
 Employer: _____
 Home/Cell: _____ Work: _____
 Birthday: ____ / ____ / ____ Age: _____

Dental History

Who was your previous Dentist? _____
 When was your last dental visit? _____
 When were you last dental xrays taken? _____
 Are you currently sensitive or in pain? _____
 Do you like your smile? _____
 How many times a day do you brush? _____
 How many times a week do you floss? _____

I understand that I am responsible for payment of services rendered and also responsible for any copayment and deductibles that my insurance does not cover. If my bill is placed in the hands of an attorney or collection agency for purposes of collection after default, I promise to pay all reasonable attorney's fees and all other reasonable collection fees incurred. Furthermore, if a suit is instituted to enforce collection on my bill, I promise to pay all court costs associated with said legal action.

Our office policy is payment in full day of service. A 5% discount is offered for cash, check or credit card payments. We accept Mastercard and Visa. We also offer third party, no interest payment plans.

SIGNATURE

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____