

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