



GETTING TO KNOW YOU

Patient's name _____ Social Security No. _____

Date of birth ____ / ____ / ____

Email _____ *please only provide if you want to receive some general information such as appointment reminders and general dental information from our office only.*

Home Address _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____
please check the best number to reach you

Name of **general dentist** _____

Who may we thank for referring you to our office? _____

Physicians

Primary care
Name _____ Phone number _____

Other (i.e. cardiologist, orthopedic surgeon) _____
Name _____ Phone number _____

Alternate contact person (spouse or parent)

Name _____ Phone number _____
Relationship to patient _____

Financial and insurance information (please bring insurance card)

We are a fee for service periodontal practice. If you have dental insurance, we will assist you in submitting your claims. We are happy to answer any question regarding your financial obligations or insurance coverage.

Name of person responsible for payments _____

Name of person carrying insurance _____ Social Security No. _____

Name / address of employer _____

Name / address of insurance _____

Policy No. _____

Signature of patient or guardian

Date

NEXT PAGE PLEASE

