



## Welcome to our practice

### PATIENT INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ S.S.# \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Nearest relative not living with you \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Employed Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Student: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ School Name/Address \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Legally Separated \_\_\_\_\_ Single \_\_\_\_\_

### Primary Dental Insurance Company

Employer \_\_\_\_\_ Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Group # \_\_\_\_\_ Group Name \_\_\_\_\_

Insured Person \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ S.S / ID# \_\_\_\_\_

Birth Date \_\_\_\_\_ Address \_\_\_\_\_

### Secondary Dental Insurance Company

Employer \_\_\_\_\_ Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Group # \_\_\_\_\_ Group Name \_\_\_\_\_

Insured Person \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ S.S / ID# \_\_\_\_\_

Birth Date \_\_\_\_\_ Address \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Are you happy with the color & appearance of your teeth?** \_\_\_\_\_

**Are you interested in braces?** \_\_\_\_\_