LINK FAMILY DENTISTRY

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Fax (563) 359-4972
www.linkfamilydentistry.com

Welcome To Our Office

To help us meet all your healthcare needs, please fill out this form completely in ink.
If you have any questions or need assistance, please ask us and we will be happy to help.

Patient Information (Confidential)

Name _____ Social Security # _____

Email Address _____ Birthdate _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

When confirming appointments how do you prefer to be contacted? ☐ Phone ☐ Email ☐ Text Message

Patient's or Parent's Employer _____ Work Phone _____

Spouse or Parent's Name _____ Home Phone _____

Spouse or Parent's Employer _____ Work Phone _____

How did you hear about our office? (Check All That Apply)

☐ Google ☐ Website ☐ Yellow Pages ☐ Drive By ☐ Facebook ☐ LinkedIn

☐ Patient _____ ☐ Friend _____

Dental Insurance Information

Name of Insured _____ Relationship to Patient _____

Social Security # _____ Birthdate _____

Name of Employer _____ Date Employed _____

Union or Local # _____ Work Phone _____

Insurance Company _____ Group # _____ Policy/ID # _____

Insurance Company Address _____

City _____ State _____ Zip _____

Secondary Dental Insurance Information

Name of Insured _____ Relationship to Patient _____

Social Security # _____ Birthdate _____

Name of Employer _____ Date Employed _____

Union or Local # _____ Work Phone _____

Insurance Company _____ Group # _____ Policy/ID # _____

Insurance Company Address _____

City _____ State _____ Zip _____