Melissa Thomas Durand, DMD • Michael D. Palmer, DDS
Leslie McGuinn Davis, DMD • Lauren Palmer Freitag, DMD
Cumming: 360 Dahlonega Street, Cumming, GA 30040 Phone: 770-889-6370
Dawsonville: 2390 Thompson Road, Suite #200, Dawsonville, GA 30534 Phone: 706-265-1399

Patient Information

Name: _____
Preferred Name: _____
Birthdate: _____
Social Security #: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____
Mobile Phone: _____
Sex: Male Female Marital Status: S M W D
Other Family Members seen in the office:
include name and relation (parent, child, spouse)
_____
_____
Referred by: _____
Doctor you plan to see: _____

E-Mail: _____

Spouse/Parent/Emergency Info

Spouse (Parent's/Guardian's name if under 18):
_____
Spouse's Employer: _____
Spouse's Work #: _____

In case of an Emergency, please contact:

Name: _____
Relation to patient: _____
Home Phone: _____
Work Phone: _____
Other Phone: _____

Employer Information

Employer: _____
Employer's Address:
_____
_____

Employer Phone #: _____

Primary Dental Insurance

Insurance Company: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Group #: _____
Policy #: _____

Insured Name: _____
Patient's relation to insured: _____
Insured's Birthdate: _____
Insured's SS#: _____
Insured's Employer: _____

Person Responsible for Account

Name: _____
Billing Address: _____
Home #: _____Work #: _____
SS#: _____
To the best of my knowledge, all above answers are correct. I am aware that I am responsible for all charges for services rendered on this account and that payment is due at the time of the service. I authorize the assignment of insurance benefits to the dentists.
Date: _____
Signature: _____