

Welcome to Dormont Dental: Dr. Dennis N. Zeidler

Patient Information (confidential):

Name: _____

Address: _____

City, State and Zip Code: _____

Birthdate m/d/y: _____

Cell phone: _____

Home phone: _____

Social Security Number: _____

(Used only for insurance verification. Some insurance use SS # as your I.D. #)

Name of person responsible for this account? _____

If a minor, Parent/Guardian name: _____

Date: _____

* Please fill out the entire health history on the backside and sign at the bottom*

