## THANK YOU FOR SELECTING OUR DENTAL TEAM

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.

	III U H III H   I U II (CONFIDENTIBL)	Patient Number	
Name		Date	
SS#/SIN	Birthdate	Home Phone	
Address	City	State/ Zip/ Prov. P.C.	
Email		Cell Phone	
Check Appropriate Box: Minor Single	☐ Married ☐ Separated ☐ Divorced ☐		
f Student, Name of School/College	City	State/ Prov Full Time	Part Tim
Patient or Parent/Guardian's Employer	The second secon	Work Phone	
Business Address	City	State/ Zip/ Prov P.C	
pouse or Parent/Guardian's Name	Employer	Work Phone	
Vhom May We Thank for Referring You?	g gelätman salan		
Person to Contact in Case of Emergency		Phone	
RESPONSIBLE PARTY			
		Relationship to Patient	
Address		Home Phone	
mail	248623 (228 ) 2 (0.1002)	Cell Phone	
Driver's License #	Birthdate Financial Institut	ion	
imployers this Person Currently a Patient in our Office? \[ \subseteq \] Yor your convenience, we offer the following methods o	Work Phone SS#/	at each appointment.	
Employers this Person Currently a Patient in our Office? \[ \] Yerror your convenience, we offer the following methods o	Work Phone SS#// Yes No If payment. Please check the option you prefer. Payment in full	at each appointment.	
Employer s this Person Currently a Patient in our Office? For your convenience, we offer the following methods o Cash Personal Check Credit Card	Work Phone SS#// Yes No If payment. Please check the option you prefer. Payment in full	office's payment policy.	
Employersthis Person Currently a Patient in our Office?Yor your convenience, we offer the following methods o Cash Personal Check Credit Card Cash Personal Check Credit Card Cash Cash Personal Check Credit Card Cash	Work Phone SS#// Yes No  If payment. Please check the option you prefer. Payment in full  USA MasterCard I wish to discuss the	at each appointment. office's payment policy.  Relationship to Patient  Date Employed	
imployersthis Person Currently a Patient in our Office? Your convenience, we offer the following methods o Cash Personal Check Credit Card SURANCE   NFORMATION    Name of Insured Sirthdate	Work Phone SS#// Yes No  If payment. Please check the option you prefer. Payment in full  USA MasterCard I wish to discuss the	at each appointment. office's payment policy.  Relationship to Patient  Date Employed	
imployers this Person Currently a Patient in our Office?Yor your convenience, we offer the following methods o Cash Personal Check Credit Card	Work Phone SS#// Yes No  If payment. Please check the option you prefer. Payment in full  USA MasterCard I wish to discuss the	at each appointment. office's payment policy.  Relationship to Patient  Date Employed  Work Phone	
imployersthis Person Currently a Patient in our Office?Y  For your convenience, we offer the following methods o  Cash Personal Check Credit Carc  OSURANCE INFORMATION  Name of Insured  Birthdate  Name of Employer  Employer Address	Work Phone SS#// Yes No  of payment. Please check the option you prefer. Payment in full  d VISA MasterCard I wish to discuss the  SS#/SIN	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone State/ Prov. Prov. Prov. Proc.	
Employers this Person Currently a Patient in our Office? Your convenience, we offer the following methods o Cash Personal Check Credit Card SURANCE NATIONAL SIRTHORN ATION ATI	Work Phone SS#// Yes No  If payment. Please check the option you prefer. Payment in full of VISA MasterCard I wish to discuss the SS#/SIN	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone  State/ Prov. Policy/ID# State/ Prov. Pic. Prov. Pic.	
Employer	Work Phone SS#//  Yes No  If payment. Please check the option you prefer. Payment in full of VISA MasterCard I wish to discuss the SS#/SIN Union or Local # City Group #	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone  State/ Prov. Policy/ID# State/ Prov. Pic. Prov. Pic.	
Employers this Person Currently a Patient in our Office? Your convenience, we offer the following methods o Cash Personal Check Credit Card SURANCE NATIONAL SIRTHORN ATION ATI	Work Phone SS#//  Yes No  If payment. Please check the option you prefer. Payment in full of VISA MasterCard I wish to discuss the SS#/SIN Union or Local # City Group # City How Much Have You Used?	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone  State/ Prov. Policy/ID# State/ Prov. Pic. Prov. Pic.	
imployers this Person Currently a Patient in our Office? Your convenience, we offer the following methods of Cash Personal Check Credit Card SURANCE NATE OF TORM AT IONAME OF INSURED SIRTHOATE ADDRESS	Work Phone SS#//  Yes No  If payment. Please check the option you prefer. Payment in full of VISA MasterCard I wish to discuss the SS#/SIN Union or Local # City Group # City How Much Have You Used?	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone  State/ Prov. Policy/ID# State/ Prov. Pic. Prov. Pic.	
imployer	Work Phone SS#//  Yes No  If payment. Please check the option you prefer. Payment in full of VISA MasterCard I wish to discuss the SS#/SIN Union or Local # City Group # City How Much Have You Used?	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone State/ Zip/ Prov. P.C.  Policy/ID# State/ Zip/ Prov. P.C.  Max. Annual Benefit  Relationship	
imployer	Work Phone SS#//res  No  If payment. Please check the option you prefer. Payment in full of  VISA  MasterCard  I wish to discuss the  I wish to discuss	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone State/ Zip/ Prov. P.C.  Policy/ID# State/ Zip/ Prov. P.C.  Max. Annual Benefit  Relationship to Patient  Date Employed  Work Phone	
is this Person Currently a Patient in our Office?  Is this Person Currently a Patient in our Office?  It is this Person Currently a Patient in our Office?  It is this Personal Check	Work Phone SS#//  Yes	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone State/ Zip/ Prov. P.C.  Policy/ID# State/ Zip/ Prov. P.C.  Max. Annual Benefit  Relationship to Patient  Date Employed  Work Phone State/ Zip/ Prov. Zip/	
imployer	Work Phone	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone State/ Prov. Policy/ID# State/ Prov. P.C.  Max. Annual Benefit  Relationship to Patient  Date Employed  Work Phone State/ Prov. P.C. Policy/ID#	
imployersthis Person Currently a Patient in our Office?Yor your convenience, we offer the following methods or your convenience, we offer the following methods or your convenience, we offer the following methods or your your convenience, we offer the following methods or your your your your your your your y	Work Phone	at each appointment.  office's payment policy.  Relationship to Patient  Date Employed  Work Phone State/ Zip/ Prov. P.C.  Policy/ID# State/ Zip/ Prov. P.C.  Max. Annual Benefit  Relationship to Patient  Date Employed  Work Phone State/ Zip/ Prov. P.C.	