

**WELCOME to
Grin and Bear It Family Dental Center**

We are pleased to welcome you to our practice. Please take a few minutes to fill out these forms completely. If you have questions, we'll be glad to help you. We look forward to working with you and maintaining your dental health.

PATIENT INFORMATION:

Name _____ Date of Birth _____ Current Age _____
 Single Married Widowed Divorced Spouses Name _____
Address _____ City _____ State _____ Zip _____
E-Mail address _____ SS# _____ - _____ - _____ Phone(____) _____
Patient Employed by _____ Occupation _____
Business Address _____ City _____ State _____ Zip _____
_____ Business Phone _____ Ext# _____

PRIMARY INSURANCE:

Person Responsible for Account/Insurance Subscriber _____ Phone (____) _____
Relationship to Patient _____ Date of Birth _____ SS# _____ - _____ - _____
Address (if different from patient's) _____ City _____ State _____ Zip _____
Person Responsible Employed by _____ Occupation _____
Business Address _____ City _____ State _____ Zip _____
_____ Business Phone(____) _____
Insurance Company _____ Ins. Co. Phone (____) _____ Group # _____
Insurance Company Address _____ City _____ State _____ Zip _____

ADDITIONAL INSURANCE:

Is patient covered by additional insurance? yes no
Subscriber Name _____ Phone (____) _____
Relationship to Patient _____ Date of Birth _____ SS# _____ - _____ - _____
Address (if different from patient's) _____ City _____ State _____ Zip _____
Subscriber Employed by _____ Occupation _____
Business Address _____ Business Phone (____) _____
Insurance Company _____ Ins. Co. Phone (____) _____ Group # _____
Insurance Company Address _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED?

_____ Phone (____) _____

WHOM MAY WE THANK FOR REFERRING YOU, OR HOW DID YOU LEARN OF GRIN AND BEAR IT FAMILY DENTAL CENTER?
