

Designing Smiles

Cosmetic and Family Dentistry



◆ W E L C O M E ◆

Thank you for selecting us. Please fill out this form in ink. If you have any questions or need assistance, please ask. We'd be happy to help.

Patient Information (Confidential)

Date _____

Name _____ E-mail Address _____

SS# _____ Birth date _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Preferred contact: Cell Home Work

Check Appropriate Box: Minor Single Married Widowed Divorced Separated

If Student, Name of School/College _____ City _____ State _____ Full Time Part Time

Patient/Parent/Guardian's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Parent/Guardian's Name _____ Employer _____ Work Phone _____

Person to Contact in Case of Emergency _____ Phone _____

Whom May We Thank for Referring You? _____

Responsible Party

Name of Person Responsible for this Account _____ Relationship to Patient _____

Address _____ E-mail Address _____

City _____ State _____ Zip _____ Home Phone _____

Driver's License # _____ State _____ Birth date _____ Cell Phone _____

SS# _____ Bank _____ Is this Person Currently a Patient in Our Office? Yes No

Employer _____

Employer's Address _____ City _____ State _____ Zip _____ Work Phone _____

Insurance Information

Name of Insured _____ Relationship to Patient _____

Birth date _____ SS# _____ Date Employed _____

Name of Employer _____ Employer's Phone _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Policy # _____

Insurance Co. Address _____ City _____ State _____ Zip _____

Secondary Insurance Do You Have Additional Insurance? Yes No

Name of Insured _____ Relationship to Patient _____

Birth date _____ SS# _____ Date Employed _____

Name of Employer _____ Employer's Phone _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Policy # _____

Insurance Co. Address _____ City _____ State _____ Zip _____