



NEW PATIENT FORM

Personal Profile

First Name _____ Middle Initial _____

Last Name _____

Circle one: Male Female

I like to be called _____

Circle one: Single Married Divorced Widowed

Driver's License # _____

Date of Birth ____ / ____ / ____

SSN _____

Address _____ City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Email _____

Name of Employer _____

How long employed? _____

Who may we thank for referring you to our practice?

Account Information

Who is responsible for this account? _____ Relation-
ship _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Cell _____ Work _____

SSN _____ Date of Birth ____ / ____ / ____

Insurance Information – Primary

Insurance Company Name _____

Phone _____ Group # _____

Insured’s First Name _____ Middle Initial _____

Last Name _____

SSN _____ Date of Birth ____/____/____

Insurance Information – Secondary

Insurance Company Name _____

Phone _____ Group # _____

Insured’s First Name _____ Middle Initial _____

Last Name _____

SSN _____ Date of Birth ____/____/____

In case of an emergency, please contact:

Name _____

Relationship to Patient _____

Home Phone _____ Cell _____ Work _____

Release:

I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper dental care. I authorize the release of any information concerning my (or my child’s) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I understand that my dental insurance carrier or the payor of my dental benefits may pay less than the actual cost of services. I understand that I am financially responsible for payments in full of all accounts. By signing this statement , I revoke all previous agreements to the contrary and agree to be responsible for payment of services not paid, in whole or in part, by my dental care payor. I attest to the accuracy of the information on this page.

Patient’s or Guardian’s Signature _____

Date _____