

# Patient Information Form

## How did you hear about our office?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Billboard/Outdoor | <input type="checkbox"/> Family/Friend/Patient | <input type="checkbox"/> Insurance Referral  | <input type="checkbox"/> Internet/Google/Ads |
| <input type="checkbox"/> Mailings          | <input type="checkbox"/> Print/Magazine        | <input type="checkbox"/> Professional/DDS/MD | <input type="checkbox"/> Special Promotions  |
| <input type="checkbox"/> Signage/Walk-In   | <input type="checkbox"/> Social Media/Facebook | <input type="checkbox"/> TV                  | <input type="checkbox"/> Radio               |
| <input type="checkbox"/> Website           | <input type="checkbox"/> Yellow Pages          | <input type="checkbox"/> Other: _____        |  |

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI

Title:  Dr.  Mr.  Mrs.  Ms. How do you wish to be addressed: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## DENTAL INSURANCE INFORMATION

Primary Insurance Company Name: \_\_\_\_\_

Employee/Subscriber Name: \_\_\_\_\_  
Last First MI

### Secondary Subscriber:

Address: \_\_\_\_\_  
Mailing Address City State Zip

Secondary Subscriber Social Security #: \_\_\_\_\_

Relationship to Subscriber:  Self  Spouse  Dependent DOB: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

Group/Employer Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Insurance Company Name: \_\_\_\_\_

Employee/Subscriber Name: \_\_\_\_\_  
Last First MI

Relationship to Subscriber:  Self  Spouse  Dependent DOB: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

Group/Employer Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

*Thank you for choosing our practice. We appreciate your confidence in our care and services.*