

Patient's Name _____ SSN ____ / ____ / ____ Date ____ / ____ / ____

Birth Date ____ / ____ / ____ Age _____ Marital Status _____ E-mail _____

Address _____ City/State/ZIP _____

Home Address (if different than above) _____

Do you accept text messages? Y/N AT&T Verizon Sprint T-Mobile Inland Cellular Other _____

What is your preference for receiving reminders? (Circle all that apply) Email Text Message Phone Call

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Mobile Phone (____) _____ - _____

Insurance Company _____ ID # _____ Group# _____

Subscriber Name _____ SSN ____ / ____ / ____ DOB ____ / ____ / ____

Employer _____ Occupation _____

Business Address _____ Phone (____) _____ - _____

City/State/ZIP _____

Spouse/Partner Name _____ Spouse/Partner Employer _____

Person Responsible for Account _____ Phone (____) _____ - _____

Address _____ City/State/ZIP _____

Phone (____) _____ - _____ Mobile Phone (____) _____ - _____ Work Phone (____) _____ - _____

Nearest relative/friend not living with you _____ Phone _____

Address _____ City/State/ZIP _____

Whom may we thank for referring you? _____

How did you hear about us? Newspaper Yellow pages Internet Mailer Radio Other _____

Consent for Treatment

I hereby grant permission for dental work to be performed on myself or the named patient below (if patient is a minor) and will assume all responsibilities connected with such treatment.

Patient Name _____ Relation to Patient _____

Signature _____

(Signature of Parent/Guardian if patient is a minor)