

Patient Information

Name: _____ Preferred Name: _____ Date: _____

Address: _____

street

city

state

zip

Please provide all contact information, and then check best method of contact during working hours:

___ Home Phone: _____ ___ Cell Phone: _____

___ Work Phone: _____ ___ E-Mail Address: _____

Birthdate: _____ Social Security # _____ How long at this Address: _____

If patient is a minor, give parent's or guardian's name: _____

Do other members of your family come here? _____

Whom may we thank for referring you to our office? _____

If referred by the internet, which source? (check one) ___ Google Search ___ FaceBook ___ Our website

___ Other (please specify) _____

Do you write internet reviews? If so, where would you most likely post reviews? (check all that apply)

___ Google ___ Yahoo ___ Citysearch ___ Superpages ___ Yellow Pages ___ Yelp ___ Angies List

___ Dexknows ___ Bing ___ Other (please specify) _____

Person responsible for Account, if different than above: _____

Address: _____

street

city

state

zip

Social Security #: _____ Birthdate: _____ Relationship to Patient: _____

Employer: _____ Occupation: _____ Years Employed: _____

Spouse's Name: _____ Birthdate: _____ Contact #: _____

Dental Insurance Information

Insured's Name (Subscriber of Insurance) : _____ Insured's Social Security #: _____

Insured's Birth date: _____ Insurance Company: _____

Group #: _____ ID #: _____ Insurance phone # : _____

Emergency Information

Name of nearest relative not living with you: _____ Phone Number: _____

Address: _____

I hereby authorize payment directly to Bob Johnson, DDS, of the insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize the dental office to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. I acknowledge the opportunity to review this office's privacy policy. The information on this page is correct to my knowledge.

Signature: (Parent's signature if minor): _____