



Welcome to our practice!

Please fill out some contact information below so we may better serve you:

Name: _____ Preferred to be called: _____

Date of Birth: _____

Address: _____ City _____ St _____ Zip _____

Phone number: _____ Email: _____

Preferred method of contact: Phone Email Text

How did you hear about us? _____

Emergency contact name and phone: _____

Insurance Information:

Are you covered by any kind of dental insurance? If so, which insurance?

Are you a student? School: _____

Primary insurance holder:

Name: _____ DOB: _____ Relation to you: _____

Address: _____

Employer (primary insurance holder): _____

Group Number: _____

Subscriber Number: _____

SSN (of primary holder for insurance verification): _____

Do you have a secondary insurance? If so, which? _____

I would like to sign up for the monthly practice newsletter with oral health care tips and offers!

Signature: _____

Date: _____

Print Name: _____