

Date \_\_\_\_\_

# Confidential Responsible Party Information

A B C

Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Own \_\_\_ Rent \_\_\_

Mailing Address (if different) \_\_\_\_\_

How long at this address? \_\_\_\_\_ Email Address \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs Employed \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs Employed \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Confidential Patient Information

Patient's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_

If patient is a minor, give parent's or guardian's name \_\_\_\_\_

Other family members seen by us? \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

## Dental Insurance Information

**Primary**

Policyholder's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Policyholder's Address(if different than above) \_\_\_\_\_

Ins Co \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

Ins Co Address \_\_\_\_\_ Ins Co Phone # \_\_\_\_\_

Policyholder's Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

**Secondary**

Policyholder's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Policyholder's Address(if different than above) \_\_\_\_\_

Ins Co \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

Ins Co Address \_\_\_\_\_ Ins Co Phone # \_\_\_\_\_

Policyholder's Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

## Emergency Information

Name of nearest relative not living with you \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_

Updates (date & initial) \_\_\_\_\_