

**Patient Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_­\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_ Male \_\_ Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_ - \_\_\_\_ -\_\_\_\_\_\_

**Responsible Party** (*If minor*)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_­\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_ - \_\_\_\_ -\_\_\_\_\_\_

**Please provide current Dental and Medical Insurance cards to be scanned**

**Primary Dental Insurance**

Subscriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_ - \_\_\_\_ -\_\_\_\_\_\_ Relationship to Subscriber: \_\_\_\_\_ Spouse \_\_\_\_\_ Child

**Secondary Dental Insurance**

Subscriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_ - \_\_\_\_ -\_\_\_\_\_\_ Relationship to Subscriber: \_\_\_\_\_ Spouse \_\_\_\_\_ Child

**ALATERNATE CONTACT:**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_