

| <i>Patient Information</i> | <i>Date:</i> _____ |
|--|--------------------|
| Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Initial </div> | |
| Address: _____ Home Phone: _____ Cell Phone: _____ | |
| City: _____ State: _____ Zip: _____ Gender: M F | |
| Age: _____ Birthdate: _____ Single Married Widowed Separated Divorced | |
| Email Address: _____ Employed By: _____ | |
| Occupation: _____ Business Phone: _____ | |
| General Dentist: _____ | |
| In case of emergency, who should be notified? _____ Phone: _____ | |

| <i>Primary Insurance</i> |
|--|
| Person responsible for Account: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Initial </div> |
| Relation to Patient: _____ Birthdate: _____ Soc. Sec #: _____ |
| Address (if different from patient's): _____ Phone: _____ |
| City: _____ State: _____ Zip: _____ |
| Person Responsible Employed by: _____ Occupation: _____ |
| Business Address: _____ Business Phone: _____ |
| Insurance Company: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name Address City </div> |
| Phone: _____ Group/Plan#: _____ Subscriber ID#: _____ |

| <i>Secondary Insurance</i> |
|--|
| Person responsible for Account: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Initial </div> |
| Relation to Patient: _____ Birthdate: _____ Soc. Sec #: _____ |
| Address (if different from patient's): _____ Phone: _____ |
| City: _____ State: _____ Zip: _____ |
| Person Responsible Employed by: _____ Occupation: _____ |
| Business Address: _____ Business Phone: _____ |
| Insurance Company: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name Address City </div> |
| Phone: _____ Group/Plan#: _____ Subscriber ID#: _____ |