

**OFFICE USE ONLY** CHART# \_\_\_\_\_ BILLING # \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**PLEASE PRINT**

**PATIENT INFORMATION**  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 How would you like to be addressed? \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 How Long \_\_\_\_\_  

SEX	Date of Birth	Mo.	Day	Yr.	Marital Status	Social Security														
M F					S M W D															

 Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Occupation \_\_\_\_\_ If student, FT/PT? Circle one.  
 Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

**PARTY RESPONSIBLE If other than patient**  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 How would you like to be addressed? \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 How Long: \_\_\_\_\_  

SEX	Date of Birth	Mo.	Day	Yr.	Marital Status	Social Security														
M F					S M W D															

 Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Occupation \_\_\_\_\_ If student, FT/PT? Circle one.  
 Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

**DENTAL INSURANCE YES / NO**  
 Insured Party \_\_\_\_\_ Policy # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Insurance Company \_\_\_\_\_  
 Send Claims To \_\_\_\_\_ Phone # \_\_\_\_\_  
 I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO INSURANCE. I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW NAMED DENTIST ON THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.  
 \_\_\_\_\_  
 SIGNED (PATIENT, OR PARENT IF MINOR) \_\_\_\_\_ DATE \_\_\_\_\_ SIGNED (INSURED PERSON) \_\_\_\_\_ DATE \_\_\_\_\_

Previous Dentist's Name \_\_\_\_\_ Physician's Name \_\_\_\_\_  
 Name & Address of Nearest Living Relative \_\_\_\_\_  
 Is any other member of your family a patient here?  Yes  No If so, patient's name \_\_\_\_\_  
 Whom may we contact in case of emergency? \_\_\_\_\_ Phone # \_\_\_\_\_  
 What is the one thing about your smile that you would like to change? \_\_\_\_\_  
 If there is an easy way to whiten your teeth, would you be interested?  Yes  No  
**HOW DID YOU FIND OUT ABOUT OUR OFFICE? (Please check one)**  
 1. Referred by a patient, Who? \_\_\_\_\_ 2. Referred by one of our employees, Who? \_\_\_\_\_  
 3. Yellow Pages + \_\_\_\_\_ 4. Newspapers + \_\_\_\_\_ 5. Radio + \_\_\_\_\_ 6. TV + \_\_\_\_\_ 7. Direct Mail. What type? \_\_\_\_\_  
 8. Brochure + \_\_\_\_\_ 9. Your employer? + \_\_\_\_\_ 10. Other \_\_\_\_\_

# PATIENT INFORMATION

FMAIM