

Upland Smiles Dentistry

555 North Central Avenue, Upland, CA 91786 (909) 982-5960

PATIENT INFORMATION

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

PERSONAL

Name _____

Last

First

MI

(Preferred)

Gender: M F Married: Y N Spouse: _____

Birth date _____ SS# _____

Address:

Street _____

City _____ State _____ Zip _____

Phone:

Home _____ Work _____ Wireless _____

Best time to Call _____

Email:(IMPORTANT) _____

Place of Employment: _____

FT PT Retired Not Employed Student

Person responsible for account: Self Other: _____

SS#: _____

How do you intend on paying for today's visit? _____

How did you hear about us? From another patient Yellow Pages Website Other _____

(If someone referred you here, please write down their name so we can thank them.)

INSURANCE POLICY #1

None

Your relationship to person insured: Self Spouse Child Other _____

Name of person insured _____

Address (if different) _____ City _____ State _____ Zip _____

Birth date _____ Soc Sec # _____ Phone _____

Names of other dependents covered under this plan _____

Insurance company _____ Group # _____

Please present insurance card to receptionist.

INSURANCE POLICY #2

Your relationship to person insured: Self Spouse Child Other _____

Name of person insured _____

Address (if different) _____ City _____ State _____ Zip _____

Birth date _____ Soc Sec # _____ Phone _____

Names of other dependents covered under this plan _____

Insurance company _____ Group # _____