

## Personal Information

Name  
 I prefer to be called  
     Single    Married    Divorced    Widowed  
     Male    Female  
 Birthdate         /         /         Age  
 SSN#  
 Street Address  
 Apt                City  
 State              Zip  
 Home Phone  
 Cell Phone  
 Email Address  
 Employer  
 Occupation  
 Work Phone  
 How did you hear about us?

## Parent's Information (if under 18)

Mother        Step Mother    Guardian  
 Name                                  Birthdate    /    /  
 Home/Cell                              Work  
 Employer  
 SS#    DL#  
 Father        Step Father        Guardian  
 Name                                  Birthdate    /    /  
 Home/Cell                              Work  
 Employer  
 SS#    DL#

## Dental Insurance

### Primary Dental Insurance

Insurance Co. Name  
 Insurance Co. Address  
 Insurance Co. Phone  
 Group #  
 Member ID#  
 Insured's Name  
 Relation  
 Insured's Birthdate         /         /  
 Insured's SSN#  
 Insured's Employer  
 Health Insurance

## Spouse Information

Name  
 Employer  
 Cell    Work  
 Birthdate                     /             /

## Dental History

Who was your previous dentist?  
 When was your last dental visit?  
 When was your dental x-rays taken?  
 Are you currently sensitive or in pain?  
 Do you like your smile?  
 How many times a day do you brush?  
 How many times a week do you floss?

**I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance does not cover. If my bill is placed in the hands of an attorney or collection agency for purposes of collection after default, I promise to pay all reasonable attorneys' fees and all other reasonable collection fees incurred. Furthermore, if a suit is instituted to enforce collection of my bill, I promise to pay all court costs associated with said legal action.**

**Our office policy is payment in full day of service. 5% discount is offered for cash or check. We accept Master Card and Visa. We also offer 3rd party no interest payment plans.**

**SIGNATURE**

**DATE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

