

# Welcome to Patten Family Dentistry

## 1

### ABOUT YOU

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last MI Mrs Mr Ms Dr

E-Mail Address: \_\_\_\_\_

Male Female I prefer to be called: \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

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

City State Zip

Single Married Divorced Widowed Separated

Hm #: (\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Where and when is the best time to reach you? \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Other family members seen in our office: \_\_\_\_\_

## 3

### RESPONSIBLE PARTY

Spouse/ Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Wk #: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ SS# \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Responsible Party for Payment: \_\_\_\_\_

Hm #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Wk #: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Billing address: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

SS #: \_\_\_\_\_

## 2

### INSURANCES

Dental Coverage?  Yes  NO

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone #: (\_\_\_\_) \_\_\_\_\_

Group # (Plan, Local, or Policy #): \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Insured's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's ID #: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

#### Secondary Insurance

Dental Coverage?  Yes  NO

Insurance Co. Name: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone #: (\_\_\_\_) \_\_\_\_\_

Group # (Plan, Local, or Policy #): \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Insured's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's ID #: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

## 4

### EMERGENCY CONTACT

His/ Her Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Hm #: (\_\_\_\_) \_\_\_\_\_ Wk #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

CONTINUED ON BACK

