# Welcome!

Thank you for choosing our dental team. In order to provide you with the best dental care possible, please take a moment to completely fill out the following forms. We are happy to answer your questions or provide assistance where needed.

❖ **PATIENT INFORMATION** ☐ **MINOR / UNDER 18**

Legal Name: Last: ______________________, First:______________ M.I.____ Preferred:______________

Marital Status: ☐ Single ☐ Married ☐ Partnered ☐ Divorced ☐ Widowed

Whom may we thank for referring you?______________________ Dentist:______________________

❖ **RESPONSIBLE PARTY/ PRIMARY DENTAL INSURANCE** ☐ **NO INSURANCE**

**Dental Insurance Carrier:**______________________________ Group #: ______________________

Address: ______________________ City:__________ State:____ Zip Code:______ Ph.#:______-______-______

Employer/School: ______________________Address:______________________State:______ Zip Code:______

**Policy Holder:** ______________________ D.O.B.:____/____/____ ID /SSN: ______________________

Address: ______________________ City:__________ State:____ Zip Code:______ Ph.#:______-______-______

Relationship to Insured? ☐ Spouse ☐ Child ☐ Dependent ☐ Partner ☐ Other

❖ **SECONDARY DENTAL INSURANCE** ☐ **NO SECONDARY INSURANCE**

**Dental Insurance Carrier:**______________________________ Group #: ______________________

Address: ______________________ City:__________ State:____ Zip Code:______ Ph.#:______-______-______

Employer/School: ______________________Address:______________________State:______ Zip Code:______

**Policy Holder:** ______________________ D.O.B.:____/____/____ ID /SSN: ______________________

Address: ______________________ City:__________ State:____ Zip Code:______ Ph.#:______-______-______

Relationship to Insured? ☐ Spouse ☐ Child ☐ Dependent ☐ Partner ☐ Other

I hereby certify that all of the information provided by me in this form (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.

X ______________________________

Signature & Date