

L.A. _____ Premedicate _____

Drug Allergy _____ Other _____

Office Use Only

Date _____

Single _____ Married _____ Separated _____

Divorced _____ Widowed _____ Birth Date _____

Patient's name _____

Name of spouse _____

If a child, parent name _____

Home address _____

City

State

Zip

Home Tel. #

Patient employed by _____

Business address _____ Bus. Tel # _____

Present Position _____ Social Security # _____

Spouse employed by _____

Business address _____

Present position _____ Social Security # _____

In Case of Emergency, who should be notified _____

Who will pay this account _____

Do you have Dental Insurance? _____ Company _____

Group number _____ Policy number _____

Who may we thank for referring you _____ Tel. # _____

Reason for appointment _____

Comments: _____

Perio. _____ Endo. _____ Surg. _____

PATIENT INFORMATION