

GETTING TO KNOW YOU

Are you (patient) a student? _____ If so, where? _____

What is your former mailing address? _____

Are you (patient) available for appointments on short notice? _____

Convenient appointment times for you (patient) are? _____

FAMILY INFORMATION

Do you have children? _____ If so, how many? _____

What are their names and ages? _____

Is another member of your family or a relative a patient at our office? _____

If so, what is their name? _____

SPOUSE INFORMATION

Name _____

Cell Number _____ Birth date _____

Email _____ Work Number _____

Employer _____ Occupation _____

Work Address _____

EMERGENCY CONTACT INFORMATION

Person to contact for emergency _____ Relationship to patient _____

Home phone _____ Work Phone _____

Cell phone _____ Email _____

Closest relative not living with you _____ Relationship to patient _____

Home phone _____ Work Phone _____

Cell phone _____ Email _____

ACKNOWLEDGEMENT & RELEASE

To the best of my knowledge, the above information is correct. *If I ever have any changes in this information I will inform this office.*

I understand that the responsibility for payment for Dental Services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless other arrangements have been made. I further authorize this office or my insurance company to release any information necessary in providing Dental Services.

Signature _____ **Date** _____