

Date \_\_\_\_\_

### Confidential Patient Information

Patient's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

If patient is a minor, give parent's or guardian's name \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

### Confidential Responsible Party Information

A B C

Name \_\_\_\_\_  
Last First Middle Marital Status

Residence \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

How long at this address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Previous Address (If less than 3 yrs.) \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
Last First Middle Relationship to Patient

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Work Phone \_\_\_\_\_

### Orthodontic (Dental) Insurance Information

Policy Holder's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_ ID # \_\_\_\_\_

Do you have dual coverage? Yes  No  If yes:

Policy Holder's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_ ID # \_\_\_\_\_

### Emergency Information

Name of nearest relative not living with you \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_

**F O R O F F I C E U S E O N L Y**

Updates (date & initial) \_\_\_\_\_