

### Patient Information

Date \_\_\_\_\_

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

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

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

Would you like to receive Text & E-mail Reminders \_\_\_\_\_ (Y/N)

Would you like to receive E-mail Billing statements \_\_\_\_\_ (Y/N) If yes to either please fill out lines below:

E-mail Address \_\_\_\_\_ Name of Person Receiving E-mail \_\_\_\_\_

Cell phone # \_\_\_\_\_ Cell phone provider\* \_\_\_\_\_

\* Unfortunately Alaska DigiTel customers cannot receive text message reminders.

### Responsible Party Information

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

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

Mailing Address( if different.) \_\_\_\_\_  
Street City State Zip Code

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

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # Years Employed \_\_\_\_\_

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

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # Years Employed \_\_\_\_\_

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

### Insurance Information

Insured's Name \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Local # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Local # \_\_\_\_\_

### Emergency Information

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

Complete Address \_\_\_\_\_ Phone # \_\_\_\_\_

I Understand Credit Bureau Reports May Be Obtained \_\_\_\_\_  
Signature (Parent's Signature if Minor)