Thank you for selecting our dental healthcare team!

We will strive to provide you with the best possible dental care.

To help us meet all your dental healthcare needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us—we will be happy to help.

Patient # \_\_\_\_\_\_

SS#/SIN\_\_\_\_\_\_\_

Patient Information (CONFIDENTIAL)

Date\_\_\_\_\_\_\_

			we will be нарру to негр
			Patient #
D di di C	SS#/SIN Date		
Patient Inform			
Name		Birthdate	Home Phone State/ Zip/ Prov P.C
Address		City	ProvP.C
Email			Cell Phone
Check Appropriate Box: ☐ Minor	☐ Single ☐ Married	☐ Divorced ☐ Widowed ☐	Separated Full Boot
If Student, Name of School/College .		City	□ Separated State/ Full Part Prov □ Time □ Time
Patient or Parent/Guardian's Emplo	yer		Work Phone
usiness Address City			State/ Zip/ Prov. P.C.
Spouse or Parent/Guardian's Name Employer			
Whom may we thank for referring	you?		
Person to contact in case of emerge	псу		Phone
Reconcible Pa	vta		
Responsible Party			Relationship
Name of Person Responsible for this AccountAddress			to Patient
			Home Phone
			Cell Phone
			ıtion
			SS#/SIN
Is this person currently a patient in			
			er. Payment in full at each appointment.
☐ Cash ☐ Personal Chec	k Credit Card ∐ V	<sup>I</sup> ISA □ MasterCard □ I	wish to discuss the office's payment policy.
Insurance Info	rmation		
NY			Relationship to Patient
	SS#/SINI		Date Employed
			* *
Name of Employer	*	City	State/ Zip/ ProvP.C
Address of Employer			
Insurance Company			Policy/ID # State/ Zip/ Prov P.C
Ins. Co. Address	77	City	
How much is your deductible?	How muc	n nave you used?	Max. annual benefit
DO YOU HAVE ANY ADDITION	NAL INSURANCE?	Yes \( \sum No \) IF YES, CO	OMPLETE THE FOLLOWING:
Name of Insured		*	Relationship to Patient
Birthdate	SS#/SIN		Date Employed
Name of Employer		Union or Local #	Work Phone State/ Zip/
Address of Employer			State/ Zip/ Prov. P.C.
Insurance Company			Policy/ID #
Ins. Co. Address		•	Statě/ Zip/ Prov. P.C.
	How much have you used?		

Over Please