



Family, Cosmetic, Laser and Implant Dentistry
 721 W Market St, Suite A
 Athens, AL 35611

Welcome

Today's date _____

PATIENT INFORMATION (Please present your Driver's License and all insurance cards to the receptionist)

Name _____ Name you prefer to be called: _____
Last First Middle

Address _____
City State Zip

Date of Birth _____ SS# (required for insurance) _____

Male _____ Female _____ Marital Status (Circle): Single Married Divorced Separated Widowed

Home Phone _____ Cell Phone _____

Work Phone _____ e-mail _____

Your Employer _____

Employer Address _____

Spouse's Name _____ Spouse's SS# _____

Spouse's Date of Birth _____

Spouse's Employer _____ Spouse's Work # _____

RESPONSIBLE PARTY INFORMATION

Responsible Party _____ Relationship to Patient _____

Address/City/State/Zip _____

SS# _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

PATIENT'S INSURANCE INFORMATION

PRIMARY Insurance Company _____

Insurance Address _____

Subscriber Name _____ Subscriber Date of Birth _____

Subscriber Employer _____ Subscriber SS# _____

Group # _____ Insurance I.D. # (if different from SS#) _____

SECONDARY Insurance Company _____

Insurance Address _____

Subscriber Name _____ Subscriber Date of Birth _____

Subscriber Employer _____ Subscriber SS# _____

Group # _____ Insurance I.D. # (if different from SS#) _____

REFERRAL INFORMATION

Who may we thank for referring you to our office? _____
Name Phone #

EMERGENCY CONTACT

Name/Relationship/Phone # of the person who can always reach you: _____

Nearest relative not living with you & phone # _____

Other family members seen by us: _____