Patient Information (Confidential)

Patient Name ____________________________________

Address ____

City _________________ State ______ Zip ____________

Phone ____

Date of Birth _____________ Sex _____ Age _________

Dentist ________________ Physician ________________

Referred to us by ___________________________________

RESPONSIBLE PARTY

Name ____

DOB_______________ Relationship__________________

Address ____

City _________________ State ______ Zip ____________

Phone ____

Cell ____

Email ____

Occupation ______________________________________

Employer ____

RESPONSIBLE PARTY

Name ____

DOB____________Relationship______________________

Address ____

City _________________ State ______ Zip _____________

Phone ____

Cell ____

Email ____

Occupation ______________________________________

Employer ____

INSURANCE INFORMATION

Primary Dental Insurance Co _________________________

Phone No.____

Primary Policy Holder's Name ________________________

Member ID _____________________SSN______________

Pri Group No. ____________________________________

Secondary Dental Insurance Co _____________________

Phone No.____

Secondary Policy Holder's Name _____________________

Member ID. _____________________SSN ____________

Sec Group No. ____________________________________

--------------------------------**OFFICE USE ONLY**--------------------------------

Pri Insurance coverage for orthodontic treatment? Yes No

% of fee covered _________ Lifetime Maximum _________

Automatic Pmts: Yes No Benefit Used _________

We must bill: Yes No monthly quarterly

Waiting Period: Yes No ________________________

Sec Insurance coverage for orthodontic treatment? Yes No

% of fee covered _________ Lifetime Maximum ________

Automatic Pmts: Yes No Benefit Used ________

We must bill: Yes No monthly quarterly

Waiting Period: Yes No ________________________

I understand that orthodontic treatment may be financed through this office and, if so, I hereby authorize this office to inquire as to my credit rating.

Date_____________________ Signature____