

Welcome

We are pleased to welcome you to our office. We look forward to providing you with the finest care possible. Please complete this form and return at your appointment so that we can better serve your orthodontic needs.

Patient Information

Name _____ Nickname _____ Date _____
Birth date _____ Age _____
Address _____ City/State/Zip _____
H# _____ C# _____ W# _____ Email _____
School _____ Employer _____
Hobbies _____ Reason for seeing us _____
Patients in family _____ Referred by: _____
Emergency contact person _____ Relationship _____ # _____
Nearest relative not residing with you _____ Relationship _____ # _____

Father's Information (step father __ guardian__)

Name _____
Address (__same as patient) _____

City/State/Zip _____

H# (__same as patient) _____

C# _____ W# _____

Employer _____

Occupation _____

SS# _____ Birth date _____

Insurance _____

Ins. Address _____

Ins. Phone _____

ID# _____ Group# _____

Primary Y N Max.Benefits \$ _____ or _____ %

Other children _____ Age _____ / _____ Age _____

Other children _____ Age _____ / _____ Age _____

Person Responsible For Account (A step parent is not contractually responsible in our office.)

Name _____ Relationship _____ SS# _____ Birth date _____

Address _____ City/State/Zip _____

H# _____ C# _____ W# _____ Email _____

I understand this office reserves the right to verify my credit status prior to extending credit for treatment fees and may, at the discretion of this office use the services of one or more credit reporting services.

Signature of financially responsible party _____ Date _____

Other Insurance Information (Please bring all insurance cards to the first appointment.)

Name of Insured _____ Insurance _____

Address (__same as patient) _____ Ins. Address _____

City/State/Zip _____ Ins. Phone _____

SS# _____ Birth date _____ ID# _____ Group# _____

Employer _____ Primary Y N Max.Benefits \$ _____ or _____ %

****PLEASE COMPLETE BOTH SIDES****