

# WELCOME

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.

## 1 Personal Information

Date \_\_\_\_\_  
Birthdate \_\_\_\_\_  
SS#/SIN \_\_\_\_\_ E-Mail \_\_\_\_\_  
Name \_\_\_\_\_  
Wishes to be called \_\_\_\_\_  
 Male  Female  Minor  Single  Married  Divorced  Widowed  Separated  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/P.C. \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Referred by \_\_\_\_\_

## 2 Responsible Party

Who is responsible for the account?  
Name \_\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Birthdate \_\_\_\_\_ Driver's License # \_\_\_\_\_  
SS#/SIN \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/P.C. \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. # \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## 3 Telephone

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. # \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Where do you prefer to receive calls?  Home  Work  Car  
When is the best time to reach you? Time \_\_\_\_\_ Days \_\_\_\_\_  
In the event of an emergency, who should we contact?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_