GENTLE TOUCH
FAMILY DENTAL CARE

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We would like to take this opportunity to welcome and thank you for joining our dental practice. We appreciate your confidence in us and we will do everything possible to provide you with the finest dental care. Please take a few minutes to answer the following questions so we can assist you with your dental needs. The better we communicate, the better we can care for you.

PATIENT INFORMATION

Today's date: _____
Month Day Year

Social Security #: _____
Driving License #: _____
Name: _____
Last First Middle

☐ Male ☐ Female Birthdate: _____

☐ Minor ☐ Single ☐ Married
Home Address: _____
Apt/House/Condo # Street Name

_____
City State Zipcode

Email: _____
Home Phone: _____
Work Phone: _____ Ext #: _____
Cell Phone: _____
Your Employer: _____
Occupation: _____
Spouse's Name: _____
Referred By: _____

In the event of an emergency, is there someone who lives near you that we could contact?

Name: _____
Last First Middle

Relationship: _____
Home Phone: _____
Work Phone: _____ Ext #: _____
Cell Phone: _____

INSURANCE BENEFITS

Primary Insurance Coverage

☐ Medical ☐ Dental
Policy Holder: _____
SSN #: _____ Birthdate: _____
Insurance Company: _____
Carrier Address: _____
City State Zipcode

Group #: _____Contract/Policy #: _____
Employer's Name: _____
Employer's Address: _____
Suite/building/PO Box # Street Name

_____
City State Zipcode

Phone: _____
Do you have any other Insurance coverage?

☐ Yes ☐ No
This coverage is through ☐ Spouse ☐ Parent
Policy Holder: _____
SSN #: _____ Birthdate: _____
Insurance Company: _____
Carrier Address: _____
Suite/building/PO Box # Street Name

Group #: _____ Contract/Policy #: _____
Employer's Name: _____
Employer's Address: _____
Suite/building/PO Box # Street Name

_____
City State Zipcode

Phone: _____

RESPONSIBLE PARTY

Name: _____
Home Address: _____
Apt/House/Condo # Street Name

_____
City State Zipcode

Employer's Name: _____
Work Phone: _____

Relationship: _____
Home Phone: _____
Driving License #: _____
SSN #: _____ Birthdate: _____
Is this person currently a Patient in our office?

☐ Yes ☐ No

For your convenience, we offer the following methods of payment. Please check the option you prefer. Payment is expected in full at each appointment .

☐ Cash ☐ Care Credit ☐ Visa ☐ Master Card ☐ Personal Check