Reason for your visit: ____

Whom may we thank for referring you to our office? __________________________________

Today's services will be paid by (please circle one): Cash Visa MasterCard Discover **(WE DO NOT ACCEPT OUT OF TOWN PATIENT'S CHECKS)**

First Name: _________________ Last Name: _________________ Preferred Name:_________________

Address: ____City: ___________________State: ____ Zip: _________

Mailing Address: ____City: ___________________State: ____ Zip: _________

Birth Date: ____________ Age: _______ Sex: ____ Marital Status: _________ **E-mail: ________________________________**

Home Phone: ___________________ Work Phone: ___________________**Cellular Phone:** ___________________

Would you like to receive a text reminder? __ Y __ N

Social Security #: ________________________ **Please provide Photo I.D. (i.e. Drivers License)**

Employer: ____Occupation: _______________________________

Emergency Contact ___________________________________ **Phone Number**__________________________

Responsible Party Information

First Name: ________________ Last Name: __________________ Social Security #: ________________

Mailing Address: ____City: ____________________State: ____ Zip: __________

Birth Date: ____________ Age: _______ Sex: ____ Marital Status: _________

Employer: ____

Dental Insurance Information

Under whose name (the "insured") is your insurance? ___________________________ Relationship to patient: ________________

Insured Social Security #.: _____________________Insured Date of Birth: ____________Insured ID Number:_________________

Insured's Employer: ___________________________Insurance Company: _______________ Group Number/ Plan: ____________

In an effort to control the cost of healthcare, we ask that the patients recognize that they are active participants. Appointments are reserved for individual people. We ask that you arrive at least 10 minutes prior to your scheduled time. While circumstances beyond your or our control do occur, we ask that you kindly give 48 hours' notice for any scheduled changes. Patients those fail to keep their reserved appointments (second occasion) will be charged a fee.