



Thank you for selecting our dental team. We will strive to provide you with the best possible care. To help us meet all your dental needs, please fill out this form completely in ink. Please ask if you have any questions or need assistance.

Personal Information

Patient's Full Name _____ Preferred Name _____
Address _____ City _____ State _____ Zip _____
Telephone (home) _____ (work) _____ (other) _____
Date of Birth _____ Sex _____ Marital Status _____ Race _____
Occupation _____ Employer _____
Social Security # _____ NC Driver's License # _____
Emergency Contact Name _____ Telephone _____
Is patient a Higher Education student? Yes No If so, at which school? _____

*Are you a minor (under the age of 18)? If so, please have the responsible party fill out the below information.

Responsible Party

Full Name _____ Relationship to Patient _____
Address _____ City _____ State _____ Zip _____
Telephone (home) _____ (work) _____ Date of Birth _____
Occupation _____ Employer _____
Social Security # _____ NC Driver's License # _____

How were you referred to our office? _____

* Please provide your insurance information below in case we need to contact your insurer about a claim. See our Financial Policy form for more information about how we handle insurance.

Insurance Information

Name of the Insured _____ Relationship to Patient _____
Insured Date of Birth _____ Insured Social Security # _____
Occupation _____ Employer _____
Insurance Company _____ Group # _____
Insurance Company Telephone _____ Effective Date of Insurance _____
Insurance Company Address for Claims _____
