

Today's Date ___ / ___ / ___ Would you like us to contact you via e-mail address? _____

Name - Last _____ First _____ MI ___ Mr. Mrs. Ms. Dr.

I prefer to be called _____ Male Female Birthdate ___ / ___ / ___ Age _____

Social Security No. _____ - _____ - _____ Single Married Divorced Widowed Separated

Home Address - Street _____ Apt. _____ City _____ State ___ Zip _____

Phone - Home _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____ Ext. _____

Best time _____ and way to reach you Email Home phone Cell Work - okay to call work?

Employer _____ How long there _____ Occupation _____

Employer Address - Street _____ City _____ State _____

Emergency Contact

Name _____ Relationship _____ Work phone _____ - _____ - _____

Address - Street _____ Apt. _____ City _____ State ___ Zip _____

Spouse or Person Responsible for Account

Name _____ Relationship _____ Social Security No. _____ - _____ - _____

Employer _____ Work phone _____ - _____ - _____ Ext. _____

Billing Address - Street _____ Apt. _____ City _____ State ___ Zip _____

How did you hear about us?

Employee Radio TV Friend Family Yellow Pages Sign Website Doctor Other _____

Dental Insurance

Primary Insurance Dental Coverage Orthodontic Coverage Group No. (plan, local or policy no.) _____

Insurance Co. Name _____ Phone _____ - _____ - _____

Insurance Co. Address - Street _____ City _____ State ___ Zip _____

Policyholder's Name _____ Social Security No. _____ - _____ - _____ DOB ___ / ___ / ___

Employer _____ Employer Address _____ City _____ State ___ Zip _____

Secondary Insurance Dental Coverage Orthodontic Coverage Group No. (plan, local or policy no.) _____

Insurance Co. Name _____ Phone _____ - _____ - _____

Insurance Co. Address - Street _____ City _____ State ___ Zip _____

Policyholder's Name _____ Social Security No. _____ - _____ - _____ DOB ___ / ___ / ___

Employer _____ Employer Address _____ City _____ State ___ Zip _____

**Acknowledgement of Receipt
of Notice of Privacy Practices**

Patient Name _____

Street Address _____ City _____ State ____ Zip _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature _____ Date _____

For office use only

We were unable to obtain a written Acknowledgement of Receipt of the Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared By _____

Signature _____

Date _____

