



# Patient Information

Welcome to Art of Dentistry! We will always do our best to earn the trust that you have placed in us. Please fill out these forms.

## Personal Information

Patient's Full Name: \_\_\_\_\_ I wish to be called: \_\_\_\_\_  
 ( ) Male ( ) Female ( ) Single ( ) Married

Date of Birth: \_\_\_\_\_ Please check the best number to reach you at:

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ I can receive text messages  Yes  No

E-mail: \_\_\_\_\_ I can receive emails  Yes  No

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

How did you hear about us, or whom may we thank for referring you? \_\_\_\_\_

What is the name of your previous dentist? \_\_\_\_\_

If the patient is a minor, fill out the following information for the parent or guardian:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ I can receive texts  Yes  No

I can receive emails  Yes  No

## Personal Information

Name of Insured Person: \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_

Social Security # of Insured: \_\_\_\_\_ Member ID: \_\_\_\_\_

Name of Insurance Co: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Insured's Employer: \_\_\_\_\_ Plan Name or #: \_\_\_\_\_

If you have additional Insurance please complete the following:

Name of Insured Person: \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_

Social Security # of Insured: \_\_\_\_\_ Member ID: \_\_\_\_\_

Name of Insurance Co: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Insured's Employer: \_\_\_\_\_ Plan Name or #: \_\_\_\_\_

## Personal Information

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

If Student, Grade & School Name: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

\_\_\_\_\_

Patient's (Guardian's) Signature

Date