



Our patients are also our friends. We'd like to get some more information about you so that we can get to know you better

Patient Information

Date _____ Age _____ Sex: M F

Patient's Name _____

Address _____
Last First Middle

Home Phone _____ Birthdate _____ Social Security # _____
Street City State Zip

If patient is a minor, give parent's or guardian's name _____

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

Who is your general dentist? _____ E-Mail _____

Responsible Party Information

Name _____

Residence _____
Last First Middle Marital Status

Mailing Address _____
Street City State Zip

How long at this address _____ Home Phone _____ Work Phone _____
Street City State Zip

Previous Address (if less than 3 yrs.) _____
Street City State Zip

Social Security # _____ Birthdate _____ Relationship to Patient _____
City State Zip

Employer _____ Occupation _____ No. Years Employed _____

Spouse's Name _____
Last First Middle

Relationship to Patient _____

Employer _____ Occupation _____ No. Years Employed _____

Social Security # _____ Birthdate _____ Work Phone _____

Insurance Information

<p>Insured's Name _____</p> <p>Birthdate _____ Social Security # _____</p> <p>Insurance Co. _____</p> <p>Group No. _____ Local No. _____</p> <p>Ins. Co. Address _____</p> <p>Ins. Phone No. _____</p>	<p>Do you have dual coverage? Yes <input type="radio"/> No <input type="radio"/></p> <p>If Yes: Insured's Name _____</p> <p>Birthdate _____ Social Security # _____</p> <p>Insurance Co. _____</p> <p>Group No. _____ Local No. _____</p> <p>Ins. Co. Address _____</p> <p>Ins. Phone No. _____</p>
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I HEREBY AUTHORIZE PAYMENT DIRECTLY TO CHANTELLE GHIAH, D.D.S. OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.
 Click and Hold Mouse to Sign or Use Finger to Sign

(SIGNED INSURED PERSON)

(DATE) _____

Coverage _____ % _____ Date _____

Eligibility _____

REMARKS: _____

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(SIGNED INSURED PERSON)

(DATE) _____

Coverage _____ % _____ Date _____

Eligibility _____

REMARKS: _____

Emergency Information

Name of nearest relative not living with you _____ Phone _____

Complete Address _____

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) _____ Click and Hold Mouse to Sign or Use Finger to Sign

