

WELCOME

We are pleased to welcome you to Gregory Family Dental. Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be glad to help you. We look forward to working with you in maintaining your dental health.

Today's Date: _____

Name: _____ I prefer to be called: _____ Male Female
Last First MI Mr. Mrs. Ms Dr

Birthdate: ____/____/____ Age: _____ Social Security # _____

Single Married Divorced Widowed Separated

Home Address: _____
Street/PO Box City State Zip

Home Phone #:(____) _____ Cell Phone #:(____) _____ Work Phone #:(____) _____

E-Mail: _____ Where & when are best times to reach you? _____

Whom may we thank for referring you? _____

Are other family members seen by us? _____

Employer: _____ How long there? _____ Occupation: _____

Employer's Address: _____
Street/PO Box City State Zip

Whom may we contact in case of an emergency: _____
Name Phone #

Person Responsible for Account if other than yourself

Name: _____ Relationship: _____ Home Phone #: (____) _____
Social Security #: _____ Driver's License #: _____
Work Phone #:(____) _____ Billing Address: _____
Street/PO Box City State Zip

Authorization

I have reviewed the information on this questionnaire and it is accurate to the best of my knowledge. I understand that this information will be used by the dentist to help determine appropriate and healthful dental treatment. Of there is any change in my medical status, I will inform the dentist or staff.

I authorize the insurance company indicated on this form to pay to the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature: _____ Date: _____

PLEASE PRESENT INSURANCE CARD

If any changes have occurred to your insurance please let the front desk know before you are taken back*