Welcome

To Our Practice!

H.B. DICKEY III, DDS, PA
GENERAL, PREVENTIVE and COSMETIC
DENTISTRY
1204 EBENEZER ROAD
ROCK HILL, SC 29732

PATIENT INFORMATION

Last Name_____ First_____ MI____ Preferred Name _____
Sex: Male_____ Female_____ Birth Date _____/_____/_____ Age_____
Mailing Address _____City_____ State_____ Zip Code_____
Street Address _____City_____ State_____ Zip Code_____
Home Phone _____Work Phone _____ Cell Phone _____
SS# _____ E mail _____
What is the best way to contact you? Home phone Work phone Cell phone E mail Text message
Employer_____ City _____ State _____
Occupation _____ Single / Married/Separated/Divorced/Widowed
How did you hear about our office? _____
In case of emergency, who should we notify? _____ Phone_____

Person responsible for account if other than Patient:
Last Name_____ First_____ MI____ Sex M / F Birth Date ___/___/___ Age___
Mailing Address _____ State_____ Zip Code_____
Street Address _____ State_____ Zip Code_____
Home Phone _____Work Phone _____ Cell Phone _____
Employer_____ City _____ State _____ Occupation _____
SS# _____ E mail _____

Dental Insurance Information (*Please provide your insurance card to photocopy.)*

Primary Dental Insurance

Employee's name _____
SS#_____ Birth Date ____/____/____
Employer_____
Insurance Co. _____
Ins. Co. Address _____
City/State/Zip _____
Ins. Co. Phone # _____
Plan # _____ Group #_____

Secondary Dental Insurance

Employee's Name _____
SS# _____ Birth Date ___/___/___
Employer_____
Insurance Co. _____
Ins. Co. Address _____
City/State/Zip _____
Ins. Co. Phone # _____
Plan # _____ Group # _____

I, the undersigned patient/guardian, hereby authorize the release of all medical information that is pertinent to my dental care to any insurance company or Doctors' office who may request them. I agree to be financially responsible for all charges. I authorize the use of any photos taken to be used for identification and educational purposes. I have read the above information and understand it.

_____ ___/____/____
Signature/Signature of Parent or Guardian Date

(Please continue on back)