

GREENFIELD PERIODONTICS AND IMPLANT DENTISTRY

PATIENT INFORMATION

PATIENT NAME: _____ PREFERRED NAME: _____

ADDRESS: _____

CITY, STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

PREFERRED METHOD OF CONTACT: HOME PHONE WORK PHONE CELL PHONE OK TO LEAVE MESSAGE? YES NO

EMAIL: _____

SEX: MALE FEMALE MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

EMPLOYMENT STATUS: FULL TIME PART TIME RETIRED STUDENT

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ EMERGENCY CONTACT PHONE: _____

REFERRED BY: _____

RESPONSIBLE PARTY INFORMATION

(PLEASE COMPLETE IF RESPONSIBLE PARTY IS SOMEONE OTHER THAN THE PATIENT)

RESPONSIBLE PARTY NAME: _____ RELATIONSHIP: _____

ADDRESS (IF DIFFERENT THAN PATIENT): _____

CITY, STATE: _____ ZIP: _____

PHONE (IF DIFFERENT THAN PATIENT): _____ SEX: MALE FEMALE

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

EMPLOYMENT STATUS: FULL TIME PART TIME RETIRED

DENTAL INSURANCE INFORMATION

Patients who carry Dental Insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

SUBSCRIBER NAME: _____ SELF SPOUSE PARENT

SUBSCRIBER DATE OF BIRTH: _____ SUBSCRIBER SOCIAL SECURITY NUMBER: _____

INSURANCE PLAN NAME: _____ INSURANCE PHONE NUMBER: _____

INSURANCE PLAN ADDRESS: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

INSURANCE ID#: _____ INSURANCE GROUP #: _____