

James K. Cantwil, D.D.S.

WELCOME TO OUR PRACTICE

Who may we thank for referring you to our office?

NAME/SOURCE _____

Is another family member (outside of your immediate family) a patient of our practice?

YES / NO NAME _____

PLEASE COMPLETE THE CONFIDENTIAL INFORMATION FOR ALL FAMILY MEMBERS THAT ARE OR MAY BE RECIEVEING TREATMENT IN OUR OFFICE. PLEASE LIST CHILDREN ON THE OTHER SIDE OF THIS PAGE.

Person responsible for account:

FIRST NAME	MI	LAST NAME	HOME PHONE		WORK PHONE
ADDRESS		CITY	STATE	ZIP	S.S.N.
BIRTH DATE	SEX	OCCUPATION	EMPLOYER		
	M F				
BUSINESS ADDRESS			DRIVERS LICENSE #		
EMAIL ADDRESS			CELL PHONE		

Spouse:

FIRST NAME	MI	LAST NAME	HOME PHONE		WORK PHONE
ADDRESS		CITY	STATE	ZIP	S.S.N.
BIRTH DATE	SEX	OCCUPATION	EMPLOYER		
	M F				
BUSINESS ADDRESS			DRIVERS LICENSE #		
EMAIL ADDRESS			CELL PHONE		

Dental Insurance:

PRIMARY INSURANCE COMPANY		SECONDARY INSURANCE COMPANY	
EMPLOYEE		EMPLOYEE	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
MEMBER #	GROUP #	MEMBER #	GROUP #

Who other than those listed above can be contacted in case of an emergency?

Name _____ Phone _____ Relation _____

Dependant Information:

FIRST NAME	MI	LAST NAME	BIRTH DATE	SEX	PHONE
				M F	
ADDRESS		CITY	STATE	ZIP	S.S.N.
SCHOOL		GRADE	LEGAL GUARDIAN		

FIRST NAME	MI	LAST NAME	BIRTH DATE	SEX	PHONE
				M F	
ADDRESS		CITY	STATE	ZIP	S.S.N.
SCHOOL		GRADE	LEGAL GUARDIAN		

FIRST NAME	MI	LAST NAME	BIRTH DATE	SEX	PHONE
				M F	
ADDRESS		CITY	STATE	ZIP	S.S.N.
SCHOOL		GRADE	LEGAL GUARDIAN		

FIRST NAME	MI	LAST NAME	BIRTH DATE	SEX	PHONE
				M F	
ADDRESS		CITY	STATE	ZIP	S.S.N.
SCHOOL		GRADE	LEGAL GUARDIAN		

FIRST NAME	MI	LAST NAME	BIRTH DATE	SEX	PHONE
				M F	
ADDRESS		CITY	STATE	ZIP	S.S.N.
SCHOOL		GRADE	LEGAL GUARDIAN		

Are all dependents covered by primary insurance?
If no, which ones are not?

YES / NO
#’s _____

Are all dependents covered by secondary insurance?
If no, which ones are not?

YES / NO
#’s _____

Please note: The accompanying parent or guardian will be responsible for payment or insurance copayment at the time services are rendered for any and all dependents. We will be happy to provide documentation of services rendered so that the guardian or parent may be reimbursed directly from any other responsible party.