

DATE _____

Due to the HIPPA privacy law we can no longer have you sign in with your address, phone number, and other personal information. This presents a problem for our office because that is how we updated our account in the event you have a new address or insurance. The majority of the patients we see each day come every six months. Lots of changes take place in six months. Thank you for filling out this form completely.

Patients
Name _____ Home Phone _____

Address _____ Zip _____

E-Mail Address _____

Mother's Cell # _____ Father's Cell # _____

Mother's Employer _____ Phone _____

Father's Employer _____ Phone _____

Name of Insured _____

Dental Insurance Company _____