Welcome

Thank you for choosing A/P Dental Care!

Patient Information (confidential)

Date___________________

Name___________________________________ Preferred Name _____________________Home Phone____________________

Work Phone_____________________Cell Phone_____________________Email____

Address____City___________________State_________________Zip___________

SS#____________________Preferred Method of Confirmation: Work Call Home Call Cell Call Email Text Message

Occupation______________________________________

Birth Date_______________Check Appropriate Box: __ Single _ Married _ Divorced _ Widowed _ Separated

If student, Name of School/College ___________________ City_________ State___ _ Full time _ Part time

Patient or Parent/Guardian's Employer_______________________________________ Work Phone__________________________

Business Address_________________________________ City_________________________ State_________ Zip_________

Spouse or Parent/Guardian's Name__________________________________ Employer______________Work Phone____________

Whom May We Thank For Referring You?___________________When was your last oral cancer exam?____________________

Reason You Left Previous Dental Office____

Emergency contact_______________________________Phone________________________________Relation________

Insurance Information

Name of Insured ________________________ Relationship to patient___________ Insured's Birth Date____________

ID#___________________________Name of Employer______________________ Work Phone____________________

Insurance Company Name_________________________________Address____

City__________________ State________ Zip_________ Phone#__________________ Group#__________

Responsible Party

Same as Patient

Person Responsible for this Account________________________ Relationship to patient___________________

Address____ Home phone__________________

Cell phone__________________________Work Phone______________________

Birthdate_____________________ Social Security #____________________ Employer__________________