

WELCOME TO LINCOLN HEIGHTS DENTAL CENTER

"We would like to get to know you! Please answer these general questions."

1

Name of patient _____ Today's date _____

Preferred Name _____

Home address _____ Mailing address _____

City _____ State _____ Zip _____

Home phone _____ Business phone _____ Cell phone _____

Sex ___ M ___ F ___ Age _____ Birthdate _____ Email _____

Occupation _____ Employer _____

Social Security # _____ Marital status _____

Spouse's name _____ Spouse's social security # _____

2

Person responsible for payment _____ Relationship to patient _____

Address (if different from above) _____

Occupation _____ Employer _____

Spouse's occupation _____ Employer _____

3

How did you hear of our office or who may we thank for referring you? _____

What may we do for you today? _____

In case of emergency who should be notified? _____

Address _____ Phone # _____

PRIMARY INSURANCE

4

Employed person _____ Name of insurance company _____

Insurance company's address _____

Employer's name _____ Employer's address _____

Employee's Social security # / ID# _____ Birthdate _____ Group # _____

SECONDARY INSURANCE

5

Employed person _____ Name of insurance company _____

Insurance company's address _____

Employer's name _____ Employer's address _____

Employee's Social security # / ID# _____ Birthdate _____ Group # _____

PAYMENT AT TIME OF VISIT IS EXPECTED UNLESS OTHER ARRANGEMENTS ARE MADE