



(831) 422-7838

www.salinasdental.com

All information is considered confidential, nothing will be released without your permission.

ABOUT YOU

Today's Date: _____ E-mail Address: _____

Name: _____ I prefer to be called: _____

Male Female

Birthdate: _____ Age: _____ Social Security #: _____

Single Married Divorced Widowed Separated

Home Address: _____

Home Phone #: _____ Cell #: _____

Work Phone #: _____ Fax #: _____

Where & when are the best times to reach you? _____

Whom may we thank for referring you? _____

Other family members seen by us: _____

Employer: _____ How long there? _____

Occupation: _____

Employer's Address: _____

NEIGHBOR OR RELATIVE NOT LIVING WITH YOU IN CASE OF EMERGENCY

Name: _____ Relation: _____

Work phone #: _____ Home phone #: _____

Address: _____

SPOUSE INFORMATION

Name: _____

Work phone #: _____ Home phone #: _____

Cell phone #: _____

Address: _____

INSURANCE INFORMATION

Primary Insurance

Insurance Co. Name: _____ Phone #: _____

Plan #: _____

Insurance Co. Address: _____

Insured's Name: _____ Insured's Social Security #: _____

Insured's Birthdate: _____

Relation: _____ Insured's Employer: _____

Employer's Address: _____

Secondary Insurance

Insurance Co. Name: _____ Phone #: _____

Plan #: _____

Insurance Co. Address: _____

Insured's Name: _____ Insured's Social Security #: _____

Insured's Birthdate: _____

Relation: _____ Insured's Employer: _____

Employer's Address: _____

PLEASE CONTACT ME VIA

	<u>Yes</u>	<u>No</u>
Home:	<input type="radio"/>	<input type="radio"/>
Cell Phone:	<input type="radio"/>	<input type="radio"/>
Work:	<input type="radio"/>	<input type="radio"/>
Email:	<input type="radio"/>	<input type="radio"/>
Message on my home voicemail:	<input type="radio"/>	<input type="radio"/>
Message on my cell phone voicemail:	<input type="radio"/>	<input type="radio"/>
Message on my work voicemail:	<input type="radio"/>	<input type="radio"/>