Date ____________________

Patient Name _________________________________ Date of Birth _____________ Gender: M_____ F_____
First Middle Last

Address ____ Marital Status ______S ______M ______D ______W

City __________________________________ State ______________ Zip Code ____________________

Home Phone # _________________________________ Work Phone # ______________________________

Cell Phone # ______________________________ Email ____

Social Security # ___________________________ Occupation ___________________________________

Employer's Name ____

Who is responsible for this account? ___________________

Emergency contact: _______________________ Relation to patient:_____________ Phone: _____________

Referred By: ☐ Insurance ☐ Internet (circle one): Google Places/Google reviews/web site/Face Book ☐ Phone Book
☐ Newberg Graphic ☐ Mailer ☐ Name of Friend/Family Member: ______________________
☐ Other________________________

DENTAL INSURANCE

Primary Insurance:

Name/Subscriber ____

ID/Social Security # _________________________________ Subscriber's Date of Birth _____________________

Insurance Company ____

Address ____

Phone # ____________________________ Group # ___________________ Policy # ____________________

Secondary Insurance (If applicable):

Name/Subscriber ____

ID/Social Security # _________________________________ Subscriber's Date of Birth _____________________

Insurance Company ____

Address ____

Phone # ____________________________ Group # ___________________ Policy # ____________________

I authorize the Doctor to take any diagnostic aids he/she deems necessary to make a thorough diagnosis of my dental needs and to perform any and all forms of treatment, medication, and therapy that may be indicated utilizing assistance as appropriate. I understand that I am responsible for all fees, regardless of insurance benefit coverage, collection, or attorney fees. Payment is due and expected at the time services are rendered unless other financial arrangements have been made with our office in advance.

Signature ____