

JACKSON FAMILY DENTISTRY

Date: ____/____/____

Name: _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Social Security # _____

Employer _____ Employer Phone # () _____

How did you hear about our office? _____

Reason for this visit? _____

Person financially responsible for the account _____

Home Address _____

Home Phone () _____ Cell Phone () _____ Social Security # _____

Employer _____ Employer Phone () _____

Dental Insurance Information (Primary Carrier)

Insured Name _____ Date of Birth _____

Insured Address _____

Home Phone () _____ Cell Phone () _____ Social Security # _____

Employer _____ Employer Phone () _____

Insurance Company _____

Insurance Company Address _____

Insurance Company Phone Number () _____

Subscriber ID # _____ Group # _____ Local _____

Dental Insurance Information (Secondary Carrier)

Insured Name _____ Date of Birth _____

Insured Address _____

Home Phone () _____ Cell Phone () _____ Social Security # _____

Employer _____ Employer Phone () _____

Insurance Company _____

Insurance Company Address _____

Insurance Company Phone Number () _____

Subscriber ID # _____ Group # _____ Local _____

When was your last dental visit? _____

What was done at that time? _____

Are you comfortable during dental procedures? _____

If not please explain _____

Do you usually have local anesthetic (Novocaine) for dental work? _____

Have you had periodontal treatment (gum surgery)? _____