

**WELCOME TO THE CENTER FOR ESTHETIC DENTISTRY**

Thank you for choosing our office to improve and maintain your dental health. Please take a moment to answer the questions of the following pages; the information on these forms will help us serve you better. Please let us know if we can assist you in any way.

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
OTHER FAMILY MEMBERS ON SAME ACCOUNT? \_\_\_\_\_

Please list your preferences in order of how you would prefer us to contact you concerning your appointments.

\_\_\_ HOME PHONE: \_\_\_\_\_  
\_\_\_ CELL PHONE: \_\_\_\_\_  
\_\_\_ WORK PHONE: \_\_\_\_\_  
\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Would you like to receive text message reminders? \_\_\_\_\_

**INSURANCE INFORMATION**

**PRIMARY INSURANCE CARRIER:** \_\_\_\_\_  
NAME OF INSURED: \_\_\_\_\_  
EMPLOYER OF INSURED: \_\_\_\_\_  
SOCIAL SECURITY NUMBER OR ID NUMBER OF INSURED: \_\_\_\_\_  
BIRTHDATE OF INSURED: \_\_\_\_\_

**SECONDARY INSURANCE CARRIER:** \_\_\_\_\_  
NAME OF INSURED: \_\_\_\_\_  
EMPLOYER OF INSURED: \_\_\_\_\_  
SOCIAL SECURITY NUMBER OR ID NUMBER OF INSURED: \_\_\_\_\_  
BIRTHDATE OF INSURED: \_\_\_\_\_

**WHOM CAN WE THANK FOR REFERRING YOU TO OUR PRACTICE?**

CURRENT PATIENT (PLEASE SPECIFY): \_\_\_\_\_  
YELLOW PAGES: \_\_\_\_\_  
INTERNET/WEBSITE: \_\_\_\_\_  
OTHER (PLEASE SPECIFY): \_\_\_\_\_