PREMIERE DENTAL GROUP

Dr. Sanderson, Dr. Newman, Dr Winther and our wonderful staff are pleased that you have chosen us to care for your smile. If there is anything we can do to make your visit more comfortable, please let any one of us know.

Please complete the following confidential information

Today's date: _____

Name: _____

Last First Middle Title

I prefer to be called: _____

Date of Birth: _____ / _____ / _____ **Age:** _____

Home Address: _____

_____

□**Single** □**Married** □**Divorced** □**Widowed** □**Separated**

Home#: _____ **Email:** _____

Work#: _____ **Pager/Cell:** _____

Where and when are the best times to reach? _____

_____

Account Information

Your Employer: _____

Occupation: _____**How long there?** _____

Business Address: _____

_____

DL#: _____

Social Security #: _____

Name of Spouse: _____

Employer: _____

Occupation: _____ **How long there?** _____

Wk#: _____ **Ext:** _____

Social Security #: _____

Person Responsible for Account: _____

Billing Address: _____

_____

Relationship: _____

Social Security #: _____

Primary Dental Insurance

Insurance Co. Name: _____

Group# (Plan, Local or Policy#): _____

Insured's Name: _____

Insured's Birthday: _____ / _____ / _____

Insured's SS#: _____

Insured's Employer: _____

Insured's Address: _____

_____

Secondary Dental Insurance

Insurance Co. Name: _____

Group# (Plan, Local or Policy#): _____

Insured's Name: _____

Insured's Birthday: _____ / _____ / _____

Insured's SS#: _____

Getting to know you…..

Whom may we thank for referring you? _____

Other family members seen by us? _____

_____

In the event of an emergency, is there someone who lives near you that we should contact?

His / Her Name: _____ **Relation:** _____

Wk#: _____ **Hm#:** _____

Have you ever had an unfavorable dental experience?

□**Yes** □**No**

Please Explain: _____

Why did you leave your last dentist? _____

Is there anything we can do to make your experience a more pleasant one?

_____