Confidential Patient Information

(Please Print Legibly)

FRANZISKA K. DUTTON, D.D.S. ADULT

Today's date: ____________

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PERSONAL INFORMATION

Referred by: ______________________________

Name: ____ SS #: _____-_____-_______

Address: ____________________________ City: _______________ State:_____ Zip: __________

Phone: (Home) _________________ (Work) ________________ (Cell) __________________

e-mail: _______________________ *Ck Preferred Contact No.* Home [ ] Work [ ] Cell [ ] e-mail [ ]

Birth date: ____________ Sex: ❑M ❑F Marital Status: _______ Spouse: ____________________

Occupation: __________________________ Spouse Occupation: __________________________

Children's Names & Ages: ____

Reason for your Initial Visit: ____

State any "Concern" or "Fear" of Dental Treatment?____

PERSON RESPONSIBLE FOR ACCOUNT Check if listed above [ ] and skip this box.

Name: _____________________________ Relationship: _____________ SS#: _______________

Address: ___________________________ City: ________________ State: _____ Zip: __________

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Phone: (Home)____________________ (Work) __________________ (Cell) __________________

DENTAL INSURANCE INFORMATION

1. **Primary Insurance Co**: ______________________________Policy # ____________________

Group Plan: _____________________________________ Group Plan # ________________

Insurance Co. Address: ____

Insured Person's Name: _______________________ Birth date: __________ SS# _____________

Employer: ____

Relationship: _______________ Union: ____________________ Union Local # _______________

2. **Secondary Insurance Co**: ______________________________ Policy # ___________________

Group Plan: _____________________________________ Group Plan # ________________

Insurance Co. Address: ____

Insured Person's Name: _______________________ Birth date: __________ SS# _____________

Employer: ____

Relationship: _______________ Union: ____________________ Union Local # _______________

I have read the Office Policy and understand that payment is my obligation regardless of insurance or any other third-party involvement.

SIGNATURE: ____ **DATE:** ___________________