

PATIENT INFORMATION

Have you ever had dental care at one of the following Eastman Dental locations? Elmwood Ave., Highland Hospital, Downtown (Sibley Bldg.), School 17 or any of the SMILEmobiles? ☐ YES ☐ NO

Name: _____ Date of Birth: _____
(last) (first)

Sex (please check one): ☐ Male ☐ Female ☐ Transgender Social Security Number: _____

Are you a college student: ☐ YES ☐ NO

Home Address: _____ City, State, Zip: _____

Home Phone Number: _____ Work Phone Number: _____ Other (cell) Number: _____

Email address: _____

Race/Ethnic Group: ☐ African American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other ☐ Unknown ☐ White

Ethnicity: ☐ Hispanic/Latino/Spanish Origin ☐ Not Hispanic/Latino/Spanish ☐ Unknown

Your Preferred Language: _____

How would you like to receive your appointment confirmations: ☐ Email ☐ Email + Text ☐ Email + Voice ☐ Voice

Primary Care Physician Name: _____ Phone#: _____

EMERGENCY CONTACT

Emergency Contact/Name: _____

Emergency Contact/Phone Number: _____ Relationship: _____

EMPLOYER INFORMATION

Employer Name & Address if Employed: _____

WHO WILL PAY PATIENT'S BILL?

Please check who will be paying for the bill: ☐ Self ☐ Parent ☐ Agency ☐ Other

If other than self, please complete the following:

Name: _____ Address: _____

City, State, Zip: _____ Sex: _____ Date of Birth: _____

Marital Status: _____ Social Security Number: _____

INSURANCE INFORMATION

Primary Dental Insurance: _____ Member/Subscriber Name: _____

Subscriber Birth Date: _____ Insurance/Medicaid Number: _____

Secondary Dental Insurance: _____ Member/Subscriber Name: _____

Subscriber Birth Date: _____ Insurance/Medicaid Number: _____

Are you seeking care due to a motor vehicle accident? ☐ YES ☐ NO

Are you seeking care due to a work related accident? ☐ YES ☐ NO

I/we, the undersigned, do hereby expressly guarantee payment in full for any and all charges for dental services rendered or to be rendered to the patient named above.

Signature of Patient

Today's Date