



Patient Information Sheet

Chart # _____ Office Location _____ Date _____

PATIENT

Last Name: _____ First Name: _____ Int: _____
 Home Phone Number : () _____
 Home Address: _____ Apt # _____
 City: _____ State: _____ Zip: _____
 Social Security #: _____ DL # _____ D.O.B.: _____ Sex: (M) (F)
 How did you hear about us? _____
 E-Mail Address _____ (Phone number) () _____

RESPONSIBLE PARTY

Last Name: _____ First Name: _____ Int: _____
 Home Address: _____ Apt# _____
 City: _____ State: _____ Zip: _____ Home Phone Number: () _____
 Social Security #: _____ DL # _____ D.O.B.: _____
 Employer: _____
 Position: _____ How Long: _____
 Work Address: _____
 City: _____ State: _____ Zip: _____
 Work Phone Number: () _____ Ext. _____
 Insurance Carrier: _____
 Policy Number _____ Plan Number: _____

CREDIT REFERENCES

Credit Card Name: _____ Account Number: _____
 Bank Name: _____ Account Number: _____

REFERENCES IN CASE OF EMERGENCY

Last Name: _____ First Name: _____ Int: _____
 Home Phone Number: () _____ Home Address: _____ Apt # _____
 City: _____ State: _____ Zip: _____
 Last Name: _____ First Name: _____ Int: _____
 Home Phone Number: () _____ Home Address: _____ Apt # _____
 City: _____ State: _____ Zip: _____

I am aware that by signing below I certify that all information is complete and correct. **1st Choice Dental, inc.**, may verify this information from which ever sources it deems necessary (including but not limited to credit reports) and may provide others with information regarding your credit history (or the credit report) to the extent permitted by law. This is your authorization for **1st Choice Dental, inc.**, to verify credit history.

Signature of Patient

Signature of Responsible Party

TO BE COMPLETED BY 1ST CHOICE DENTAL

COVERAGE: _____ DENTI-CAL: _____ INSURANCE: _____ CASH: _____ PREPAID: _____
 Pre Paid Plan or Insurance Carrier: _____ Plan # or Policy #: _____
 Phone #: () _____ Coverage or Liability Verified by _____
 Employment Verified By: _____ Approved By: _____ Date: _____