



Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PATIENT INFORMATION**

Name (First, Middle int., Last): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Numbers	Home: _____	Spouse's Cell: _____
	Cell: _____	Spouse's Work: _____
	Work: _____	Message: _____

Check Appropriate Box: Minor Single Married Divorced Widowed Seperated

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

If Student, Name of School/College \_\_\_\_\_ full-time or part-time

Person to Contact In Case of Emergency: \_\_\_\_\_ Phone# \_\_\_\_\_

**How Did You Hear About Our Office?**

- Through your Insurance Company  Please Send a "Thank You" card to \_\_\_\_\_
- An employee of Smile Stop Dental of Southwest Tulsa \_\_\_\_\_
- The Dental Office Of \_\_\_\_\_  Form of Media: Internet/Phone Book/Mail
- Location (saw the office building or sign)

<b><u>Preferred Reminder Method-</u></b> Please select from the following reminder options
<input type="checkbox"/> Voice _____
<input type="checkbox"/> E-Mail _____
<input type="checkbox"/> Text/ SMS Message _____

**RESPONSIBLE PARTY**

Name of Person responsible for this account: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone # \_\_\_\_\_

Address/City/State/Zip (if different from above) \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Policy Holder: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Policy Holder's: Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Policy ID#: \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_ Phone# \_\_\_\_\_