



WELCOME TO THE VILLAGE DENTIST

Today's Date: _____

PATIENT INFORMATION			
Patient's Name (First, Middle, Last)			
Address			
City	State	Zip Code	
Date of Birth	Age	Sex	Social Security No.
Marital Status	Home Phone	Work Phone	
Actively Employed?	Retired?		
Employer	Employer's Phone		
Employer's Address			
City	State	Zip Code	
Occupation			
EMERGENCY CONTACT			
Name			
Relation			
Work Phone	Home Phone		
PRIMARY DENTAL INSURANCE			
Insurance Company Name		Phone	
Address			
City	State	Zip Code	
Policy Number	Group Number		
Name of Policyholder		Relation to Patient	
Policyholder's Birthday		Social Security No.	
Policyholder's Employer			

PATIENT'S HUSBAND OR WIFE		
Spouse's Name (First, Middle, Last)		
Is Spouse	Actively Employed?	Retired?
Employer	Employer's Phone	
Employer's Address		
City	State	Zip Code
IF PATIENT IS A MINOR		
Father's Name (First, Middle, Last)		
Employer	Employer's Phone	
Employer's Address		
City	State	Zip Code
Mother's Name (First, Middle, Last)		
Employer	Employer's Phone	
Employer's Address		
City	State	Zip Code
SECONDARY DENTAL INSURANCE		
Insurance Company Name		Phone
Address		
City	State	Zip Code
Policy Number	Group Number	
Name of Policyholder		Relation to Patient
Policyholder's Birthday		Social Security No.
Policyholder's Employer		

Whom may we thank for referring you to our office? Name _____

Phone No. _____

Could you please tell us how you learned about our office _____