Leigh Family & Cosmetic Dentistry

330 West Tienken Road – Suite A
Rochester Hills, MI 48306

Thank you for visiting Leigh Family & Cosmetic Dentistry. We want your visit to be pleasant and comfortable. Please help us to serve you better by completing this form.

Patient Information

Name _____
LAST FIRST MIDDLE INITIAL PREFERRED NAME

Address _____
STREET APT #

_____
CITY STATE ZIP

Employer _____ Driver License # _____

Birth Date _____ ☐ Married ☐ Single ☐ Other

Height _____ Weight _____ ☐ Male ☐ Female

Phone: Home (_____)_____ Social Security # _____
Work (_____)_____
Cell (_____)_____ Email _____

Emergency Contact: Name_____ Phone (_____)_____

How did you hear about us? ☐ Google ☐ Yahoo ☐ Insurance ☐ Mailer ☐ Walk in/Drive by ☐ Yelp / Foursquare / Nextdoor
☐ Referred By: _____ ☐ Other_____

Insurance

Primary Dental Carrier

Insurance Company Name: _____ Phone #: _____
Insured's Name: _____ Birth Date: _____ ID#: _____
Insured's Employer: _____ Group #: _____
Relationship to Patient: _____

Secondary Dental Carrier

Insurance Co Name: _____ Phone #: _____
Insured's Name: _____ Birth Date: _____ ID#: _____
Insured's Employer: _____ Group #: _____
Relationship to Patient: _____

If Patient Is Under 18 Years Of Age

Responsible Party _____ Relation to Patient _____

Address _____
STREET CITY STATE ZIP

The information on this page is correct to the best of my knowledge

_____ _____
PATIENT OR PARENT/GUARDIAN SIGNATURE DATE

_____
PATIENT OR PARENT/GUARDIAN SIGNATURE