

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 Yellow Pages/Yellow Pages.com

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