

Thank you for choosing our practice. Please fill out this form as completely as you can. If you have any questions we'll be glad to help. (Please print)

Jeremy W. Burgin D.D.S.

821 Lexington Road, Suite A, Clovis, NM 88101

(575) 762-2355

PATIENT INFORMATION	
Name	[] Dr. [] Mr. [] Mrs. [] Ms. [] Rev. [] Other:
First MI Last Address	Occupation: [] Male [] Female
City State Zi	p Hm# ()
Employer	
Are you: [] Minor [] Married [] Single [] Divorced [] Widowed [] Separated Cell # ()
DOB:/SSN#	E-mail
Spouse's Name First MI Last (if different)	
	Work phoneExt
	of school:
RESPONSIBLE PARTY (if different than patient)	3511001.
Name	YOUR PREFERENCES
First MI Last	D C : t t t 1 1
Address	Do you prefer appointment reminders by: [] Email [] Phone [] Text
City State Zip	_ -
Hm# ()	Do you prefer to receive calls from our office at: [] Home [] Work [] Cell
Wk# ()	
DOB:/	Whom may we thank for referring you?
SSN#	
Relationship:	How do you wish to be addressed by our staff?
INSURANCE INFORMATION	
MEDICAL INSURANCE:	
Subscriber's Name	Relationship to patient:
DOB:/Subscriber's SSN#	
Insurance Company	Policy # Group #
SUPPLEMENTAL INSURANCE (DENTAL):	
Insured Name	Relationship to patient:
Address	City State Zip
DOB:/SSN#	Employer:
Insurance Company	Group # Eff. Date://
DO YOU HAVE ADDITIONAL DENTAL INSURANCE?	[] Yes [] No If yes, please complete the following:
Insured Name	Relationship to patient:
Address	City State Zip
	Employer:
Incurance Company	Group # Eff Date: / /



Our practice uses 3-D CEREC technology to produce ceramic restorations in a single visit.

CONFIDENTIAL

"Our practice is dedicated to helping you have good oral health for a lifetime."

Burgin Dentistry