

# Merrily Sandford, DDS and Associates

## Patient Information

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Male/Female Married / Single / Child / Other

Birth Date: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Appointment Confirmation E-Mail Address \_\_\_\_\_

## Subscriber Dental Insurance Information

Name of Subscriber: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Subscriber SS# or Insurance ID #: \_\_\_\_\_ Subscriber Birth Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group or Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_ City and State: \_\_\_\_\_

## Responsible Party Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Married / Single / Other \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

## Referral Information

Whom may we thank for referring you to our practice? Patient / Website / Doctor / Walk By / Other

Please list their Name: \_\_\_\_\_

## Emergency Contact

Who should we contact in case of an emergency? \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_