

# Welcome to THE MEDICAL CENTER DENTAL GROUP

## PATIENT INFORMATION

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: [ ] M [ ] F Marital Status: [ ] Married [ ] Single  
Social Security Number: \_\_\_\_\_ Driver's license number \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Preference: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ PCP's phone number: \_\_\_\_\_

---

## PATIENT EMPLOYMENT

[ ] Employed [ ] Retired [ ] Not Employed  
Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Job Position: \_\_\_\_\_

## EMERGENCY CONTACT

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

## RESPONSIBLE PARTY

(Must complete if responsible party is other than the insured or patient.)

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security#: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

---

## DENTAL INSURANCE

(We will need to make a copy of your insurance ID card)

Must complete this information in its entirety in order for us to file with your insurance.

Name of Insured: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_ Insured SS#: \_\_\_\_\_  
Insurance Phone #: \_\_\_\_\_ Policy Group #: \_\_\_\_\_  
Insured Employer: \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_  
How did you hear about us? Family/Friend (name) \_\_\_\_\_ Doctor (name) \_\_\_\_\_  
Facebook \_\_\_ Twitter \_\_\_ Other internet site (name) \_\_\_\_\_ Other: \_\_\_\_\_

What are you looking for in a dental office or do you have any specific dental goals?  
\_\_\_\_\_

**I certify that this information is true and correct to the best of my knowledge. I further understand and agree that, regardless of any insurance coverage, I am ultimately responsible for the cost of any dental treatment.**

Patient/Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_