

Gandy Dental

PATIENT INFORMATION

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

PERSONAL

Name _____
Last First MI (Preferred)

Address _____
City State Zip

Home Phone_(_____) Cell Phone_(_____)_____

Date of Birth_____ SS#_____ Gender: [] M [] F

Emergency Contact_____ Relationship_____ Number_____

Email_____

Preferred contact method [] HmPhone [] WkPhone [] WirelessPh [] Email

Preferred contact method for confirmations [] HmPhone [] WkPhone [] WirelessPh [] Email

Preferred contact method for recall [] HmPhone [] WkPhone [] WirelessPh [] Email

Student status if dependent over 19 (for ins) [] Nonstudent [] Fulltime [] Parttime

How did you hear about us?

(If someone referred you here, please write down their name so we can thank them.)

I do not need you to fill out the insurance numbers below IF you have provided me with your insurance card **BUT I do require/NEED** who is the holder of the insurance (subscriber of the insurance), the employer in which the insurance was obtained **AND** your relationship to the subscriber. Thank you!!

INSURANCE POLICY 1

Your relationship to subscriber: [] Self [] Spouse [] Child

Subscriber Name_____ Subscriber ID # _____

Insurance Company _____ Phone _____

Employer_____ Group Name _____ Group # _____

Please present insurance card to receptionist.

INSURANCE POLICY 2

Your relationship to subscriber: [] Self [] Spouse [] Child

Subscriber Name_____ Subscriber ID # _____

Insurance Company _____ Phone _____

Employer_____ Group Name _____ Group # _____

Comments: