Adult New Patient Form

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Patient Information:

Patient's Last Name ____________________ First name ____________________ Middle Initial __

Address ____

Prefers to be called ____________________ Occupation ____________________

Birthdate ____________________ Gender __________ Best Contact Phone ____________________

Email Address ____

Financial Responsibility:

Who is financially responsible for this account? ____

Who should receive financial information? ____

Address (if different from above) ____________________ Social Security Number ____________________

Best Contact # ____________ Email Address ____________________ Employer____________

Financially Responsible Party Signature ____________________ Date __________

Dental Insurance: Please list only dental insurance policies.

Primary policy holder's full name ____________________ Birthday____________________

Insurance Company ____________________ Employer____________________

Claim Mailing Address ____________________ Relationship to patient____________

Subscriber ID or Social Security Number ____________ Group #____________________

Does this policy have orthodontic benefits? Yes No

Secondary policy holder's full name ____________________ Birthday____________________

Insurance Company ____________________ Employer ____________________

Claim Mailing Address ____________________ Relationship to patient____________

Subscriber ID or Social Security Number ____________ Group # ____________________

Does this policy have orthodontic benefits? Yes No

RELEASE AND WAIVER

I authorize the release of any information regarding my orthodontic treatment to my dental and /or medical insurance company.

Signature ____ Date ____________

I have read the above questions and understand them. I will not hold my orthodontist or any member of his/her staff responsible for any errors or omissions that I have made in the completion of this form. I will notify my orthodontist of any changes in my medical or dental health.

Signature ____ Date ____________

Please return at your next appointment. Thank you!