

# WATERTREE DENTAL CARE

## PATIENT INFORMATION

PATIENT

HOLDER

PATIENT IS RESPONSIBLE FOR PAYMENT

PATIENT IS POLICY

LAST NAME \_\_\_\_\_ FIRST  
NAME \_\_\_\_\_ M.I. \_\_\_\_\_

PREFERRED  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK  
PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL  
ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ -  
\_\_\_\_\_ - \_\_\_\_\_

MINOR  SINGLE  MARRIED  DIVORCED  WIDOWED

EMPLOYER \_\_\_\_\_ MAY WE CONTACT YOU AT WORK?  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PRACTICE?  FRIEND \_\_\_\_\_  FAMILY MEMBER  
\_\_\_\_\_

(PLEASE WRITE NAME)

(PLEASE WRITE NAME)

MAILER  DENTAL PLAN PROVIDER LIST  OTHER  
\_\_\_\_\_

### **RESPONSIBLE PARTY (IF OTHER THAN PATIENT)**

LAST NAME \_\_\_\_\_ FIRST  
NAME \_\_\_\_\_ M.I. \_\_\_\_\_

PREFERRED  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK  
PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ RELATIONSHIP TO PATIENT  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ -  
\_\_\_\_\_ - \_\_\_\_\_

### **PRIMARY DENTAL PLAN INFORMATION**

DENTAL PLAN COMPANY \_\_\_\_\_ GROUP  
# \_\_\_\_\_ POLICY# \_\_\_\_\_

POLICY HOLDER'S  
NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ -  
\_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP TO PATIENT:  SELF  SPOUSE  PARENT/GUARDIAN

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL  
PHONE \_\_\_\_\_

**SECONDARY DENTAL PLAN INFORMATION**

DENTAL PLAN COMPANY \_\_\_\_\_ GROUP \_\_\_\_\_  
# \_\_\_\_\_ POLICY# \_\_\_\_\_

POLICY HOLDER'S  
NAME \_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ -  
\_\_\_\_\_ -

RELATIONSHIP TO PATIENT:  SELF  SPOUSE  PARENT/GUARDIAN

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL  
PHONE \_\_\_\_\_