



10404 Beardslee Blvd • Bothell, WA 98011 • (425)485-9557

Thank you for selecting our dental healthcare team. We will strive to provide you with the best possible dental care. To help us meet all of your dental healthcare needs, please fill out this form completely in ink (front & back). If you have any questions or need assistance, please ask us ~ we will be happy to help!

**Patient Information (confidential)**

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address If Different Than Above \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Contact: Home Cell Work Email Text

Please Circle: Minor Single Married Divorced Widowed Please Circle: Female Male

If Student, Name of School/College \_\_\_\_\_ City & State \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work E-mail \_\_\_\_\_ Home E-mail \_\_\_\_\_

Whom May We Thank For Referring You? \_\_\_\_\_

In Case of an Emergency, name of a relative NOT Living With You \_\_\_\_\_ Phone \_\_\_\_\_

**Responsible Party (if different than patient)**

Name of Person Responsible For This Account \_\_\_\_\_ Relationship To Patient \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Insurance Information**

Name of Subscriber \_\_\_\_\_ Relationship To Patient \_\_\_\_\_

Social Security # \_\_\_\_\_ Subscriber DOB \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Ins.Co.Phone # \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DO YOU HAVE ADDITIONAL INSURANCE?**  Yes  No **IF YES, COMPLETE THE FOLLOWING:**

Name of Subscriber \_\_\_\_\_ Relationship To Patient \_\_\_\_\_

Social Security # \_\_\_\_\_ Subscriber DOB \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Ins.Co. Phone # \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

