



# FREYER DENTAL

Today's Date: \_\_\_\_\_

## 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)	
Birthdate _____	SS# _____	Gender: _____	Married: [ ] Y [ ] N	
Work Phone _____	Wireless Phone _____	Home Phone _____		
Email _____				
Employer _____				
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.)				
Emergency Contact Name: _____				
Emergency Contact Phone: _____				
ADDRESS AND HOME PHONE				
Check box if same for entire family [ ]				
Address _____				
Address 2 _____				
City _____	State _____	Zip _____		
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: