NEW PATIENT INFORMATION

(Please fill out paperwork completely)

Name: ______________________ Referring Doctor: ______________

Address: ______________ City ______________ State ______ Zip ______________

SSN: ______________ Employer: ______________ Work # ______________

Date of Birth: ______________ Age: ______ Home Phone# ______________ Cell # ______________

Email Address: ______________________________

SPOUSE or (If Minor) PARENT or LEGAL GUARDIAN information:

Name ______________________ SS # ______________

Date of Birth ______________ Employer ______________ Position ______________ Phone # ______________

PERSON TO NOTIFY IN THE EVENT OF AN EMERGENCY: (Other than above) Phone# ______________ Cell # ______________

Name ______________________ Relationship to patient ______________

DENTAL PRIMARY INSURANCE: ______________________

Address: ______________________

Phone: ______________________

Policy Holder ______________ Relationship to Patient: ______________

Policy Number ______________ ID # ______________ Group # ______________

Date of Birth: ______________ SS # ______________ Employer ______________

DENTAL SECONDARY INSURANCE: ______________________

Address: ______________________

Phone: ______________________

Policy Holder ______________ Relationship to Patient: ______________

Policy Number ______________ ID # ______________ Group # ______________

Date of Birth: ______________ SS # ______________ Employer ______________

I fully agree and understand that payment is due at the time of service. I understand and agree that (REGARDLESS OF MY INSURANCE STATUS), I am ultimately responsible for the balance on my account for any professional services rendered. I hereby authorize release of information for insurance claim purposes. Financial arrangements, if needed, should be made prior to treatment.

Date____

Patient, Parent, or Legal Guardian's Signature

Robin Henderson, DMD, MS   Chris Poore, DDS, MS   Mary Hamburg, DDS, MS

9112 N. May Ave. • Oklahoma City, OK 73120 • Phone 405 947 0486 • Fax 405 942 4392