7725 N.W. 146Th St.
Miami Lakes, Fl 33016
(305)827-9148

PATIENT INFORMATION

How did you learn about our office? _____
DATE: _____SOCIAL SECURITY #_____
NAME: _____
First Middle Last
LOCAL ADDRESS: _____
City: _____ State: _____ Zip Code: _____
PERMANENT ADDRESS: _____
City: _____ State: _____ Zip Code: _____
PHONE
Home: (____)_____ Work: (____)_____ Cell: (___)_____
Okay to leave results on recorded message or with answering party? ☐Yes ☐No
Age: ___ Birthdate: _____ Sex: M__ F__ Marital Status:_____
E-Mail Address: _____
Occupation: _____ Employed By: _____
Emergency Contact Name:_____Phone: _____
Relationship: _____

DENTAL INSURANCE INFORMATION

Do you have DENTAL Insurance? Yes___ No___
Primary Insurance Co: _____
Name of Insured: _____ SSN_____
Your Relationship to Insured: _____ Birthdate of Insured: _____
Insured Employer: _____ Phone: _____
Group #: _____Group Name: _____

Secondary Insurance Co: _____
Name of Insured: _____SSN_____
Your Relationship to Insured: _____ Birthdate of Insured: _____
Group #: _____Group Name: _____

MISC. INFORMATION

Primary Care Physician: Name: _____ Phone: _____