

Patient's Chart # _____

Kendalia Dental Center

Patient Information (*Confidential*)

Today's Date _____

Name _____ Dr. Mr. Mrs. Miss Ms.

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Birthdate _____ SSN _____

E-Mail Address _____

Patient's or Parent's Employer _____

Spouse or Parent's Name _____ Employer _____

If Patient is a Student, Name of School (College) _____ City, State _____

Relative/Friend to contact in Case of Emergency:

_____ Phone _____

_____ Phone _____

How did you find out about us? _____

Responsible Party

Name of Person Responsible for this Account _____ Relationship to Patient _____

Address _____ Home Phone _____

Employer _____ Work Phone _____

Is this Person Currently a Patient in our Office? Yes No

Insurance Information

Name of Insured _____

Birthdate _____ Social Security # _____

Name of Employer _____ Insurance Company _____

Group# _____ Phone # _____