Premier Periodontics & Implant Dentistry – PATIENT INFORMATION FORM

First Name: _____ MI: ____ Last: _____ Preferred_____

Emergency Contact Name_____ Relationship_____ Phone#_____

How did you find out about us? Who may we thank for referring you?_____

Online sites you prefer: ❑ Google ❑ Bing ❑ Facebook ❑ Twitter ❑ Yelp ❑ Insurance Web site ❑ Other (list)_____

Address: _____City / State / Zip: _____

Mobile # _____ Text OK? ❑ YES ❑ No Home #_____ Email_____

Birth Date: _____ Soc Sec # _____ Driver's License #: _____

Gender ❑ Male ❑ Female Status: ❑ Minor ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed

If College Student: ❑ Full Time ❑ Part Time College: _____ City/State:_____

OK for us to communicate with you via: ❑ Text ❑ Email ❑ Mobile Phone ❑ Home Phone ❑ Work Phone

Employer: _____ Work Phone#:_____

Employer Addr: _____ City/State/Zip_____

Name of ❑ Spouse ❑ Parent ❑ Guardian _____

Responsible Person: ❑ Check here if Responsible Person is same as patient info listed above (and skip to next section)

First Name: _____ MI: ____ Last: _____ Relationship_____

Address: _____City / State / Zip: _____

Mobile # _____ Text OK? ❑ YES ❑ No Home #_____ Email_____

Birth Date: _____ Soc Sec # _____ Driver's License #: _____

Dental Insurance: please provide information about the insured subscriber

First Name: _____ MI: ____ Last: _____ Relationship_____

Birth Date: _____ Soc Sec # _____ Date employed _____

Insured Employer: _____Work Phone# _____

Insured Employer Address: _____City/State/Zip _____

Dental Insurance Co: _____Subscriber ID _____Group #_____

Dental Insurance Addr: _____City / State / Zip_____

Additional Dental Insurance: please provide information about the insured subscriber

First Name: _____ MI: ____ Last: _____ Relationship_____

Birth Date: _____ Soc Sec # _____ Date employed _____

Insured Employer: _____Work Phone# _____

Insured Employer Address: _____City/State/Zip _____

Dental Insurance Co: _____Subscriber ID _____Group #_____

Dental Insurance Addr: _____City / State / Zip_____