

# 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: [ ] M [ ] F Married: [ ] Y [ ] N  
Email \_\_\_\_\_  
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 dependant 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.)

## Address and Phone

Check box if same for entire family [ ]  
Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Wireless Phone # \_\_\_\_\_

## 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# \_\_\_\_\_

## Responsible Party

Are you the responsible party? [ ] Yes [ ] No If No Full Name \_\_\_\_\_  
SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Preferred Contact # \_\_\_\_\_  
Drivers Lic # \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Comments/Concerns:

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize my insurance company to make payment directly to Dino Bonyadi, DDS

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient or Responsible Party