



174 Community Park Road P. O. Box 607 Dyersburg, TN 38025
Office: 731-285-8890

PATIENT INFORMATION

Please Print

Patient Name: Date: Sex: Marital Status: Birth Date: Social Security #: Address: Employer Name: Address: Work #: Ext: Cell #: Email Address: Do You Pre-Medicate Before Appointments?: Emergency Contact: Relationship: Phone #: Whom may we thank for referring you to our office:

SPOUSE OR RESPONSIBLE PARTY INFORMATION (if other than Patient)

Name: Sex: Marital Status: Birth Date: Social Security #: Email address: Address: Employer Name: Address: Work #: Ext: Cell #:

DENTAL INSURANCE INFORMATION

Primary Insurance

Name of Insured: Insured's Birth Date: ID or SS#: Group #: Home #: Insured's Address: Insured's Employer Name: Work #: Ext: Employer's Address: Patient's relationship to Insured: Insurance Plan Name: Phone#: Insurance Address:

Secondary Insurance

Name of Insured: Insured's Birth Date: ID or SS#: Group #: Home #: Insured's Address: Insured's Employer Name: Work #: Ext: Employer's Address: Patient's relationship to Insured: Insurance Plan Name: Phone#: Insurance Address: