SUMMIT
FAMILY DENTISTRY

275 NORTH HIGHWAY 16 #101
DENVER, NC 28037
(980) 222-7501
www.summitfamilydentist.com

Patient Information

Are you filling out this form for yourself or someone else?
[ ] myself [ ] someone else
If filling out this form for someone else, what is your name and your relationship to the patient?

___________________________________ ______________________________
Name Relationship

PERSONAL

NAME: ____
Last First MI (Preferred)

Birthdate: ____________________ SS#______________________ Gender: _____________________

Marital Status: [ ] Single [ ] Married [ ] Child [ ] Widowed [ ] Divorced

EMAIL AND PHONE

Check box if same for entire family [ ]

Wireless Phone_____________________ Text OK? [ ] Yes [ ] No
Work Phone________________________

Email ____
Preferred Contact Method [ ] wireless [ ] work [ ] home [ ] email
Prefer Confirm Method [ ] wireless [ ] work [ ] home [ ] email

How did you hear about us? ____
(If someone referred you here, please write down their name so we can thank them.)

ADDRESS AND HOME PHONE

Check box if same for entire family [ ]
Address ____
Address 2 ____
City ____ State____________________ Zip __________________
Home Phone _________________________________

INSURANCE POLICY 1

Your relationship to subscriber: [ ] Self [ ] Spouse [ ] Child
Subscriber Name ____ Subscriber ID/SSN_________________
Insurance Company_______________________________________ Phone ____________________________
Employer______________________________ Group #_______________________
Please present insurance card to receptionist