

321 N. Breiel Blvd. 513-424-3971
Middletown, OH 45042



2309 Woodman Dr. 937-252-9070
Kettering, OH 45420

PATIENT WELCOME FORM

Welcome to your new dental home. The information on this form is important for our records and for your health. This information is strictly confidential. Thank you.

PERSONAL INFORMATION

Patient's Legal Name: Last, First Initial _____ Date of Birth _____ Male Female

Preferred Name _____ Home Phone # _____ Cell Phone # _____

Patient's Address: Street, Apt # _____ City _____ State _____ Postal Code _____

Social Security Number _____ Driver's License Number _____

E-mail _____ Minor Marital Status: Single Married Divorced Widowed

If Student, name of School/College _____ City _____ State _____ Full-time Part-time

Patient/Guardian's Employer _____ Occupation _____

Work Address: Street, Ste # _____ City _____ State _____ Postal Code _____ Phone # _____

Spouse's Name: Last, First Initial _____ Spouse's Employer _____ Occupation _____

Spouse's Work Address _____ City _____ State _____ Postal Code _____ Phone # _____

Do you have other family members who are patients here? _____

Who can we thank for referring you to our office? _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

INSURANCE AND FINANCIAL INFORMATION

Do you have insurance coverage? No Yes - Insurance Company Name _____ Phone # _____

Insured Name _____ SS# _____ Patient's Relationship to Subscriber Self Spouse Guardian

Insured Birthdate _____ Group Cert/ID # _____ Division # _____ Group/Policy # _____

Employer (if different from above) _____ Employer Address _____

Do you have secondary coverage? No Yes - Insurance Company Name _____ Phone # _____

Insured Name _____ SS# _____ Patient's Relationship to Subscriber Self Spouse Guardian

Insured Birthdate _____ Group Cert/ID # _____ Division # _____ Group/Policy # _____

Employer (if different from above) _____ Employer Address _____