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

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

9684 Cincinnati Columbus Rd.
513-777-5369 West Chester, OH 45241

Garland & Johnson Dental

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 _____ 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_____