

# WELCOME

*Dr Hera Blazer and her Dental Team are pleased to welcome you to the practice. We are committed to giving you a comfortable & informative experience in a professional & caring environment. Please take a few minutes to fill out this form as completely as you can. If you have questions we will be glad to help you.*

## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_  
Marital Status:    Single            Married            Divorced/Separated            Widowed  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Patients Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_, \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_  
Person to contact in case of an emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Is the patient a student?    Full Time    Part Time    School: \_\_\_\_\_

## RESPONSIBLE PARTY'S INFORMATION

Person Responsible for Account: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Have you or any member of your family *been* a patient at this office before?    YES    NO  
If YES, Name: \_\_\_\_\_

### **Primary Dental Insurance:** YES    NO

Insured's Name: \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    DOB: \_\_\_/\_\_\_/\_\_\_  
Employer: \_\_\_\_\_  
Union/ Group Name: \_\_\_\_\_  
Group or Policy #: \_\_\_\_\_ Local #: \_\_\_\_\_  
Date Employed: \_\_\_\_\_

### **Secondary Dental Insurance:** YES    NO

Insured's Name: \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    DOB: \_\_\_/\_\_\_/\_\_\_  
Employer: \_\_\_\_\_  
Union/ Group Name: \_\_\_\_\_  
Group or Policy #: \_\_\_\_\_ Local #: \_\_\_\_\_  
Date Employed: \_\_\_\_\_

Who may we thank for recommending our office to you? \_\_\_\_\_

Otherwise, how did you choose our practice?

Insurance plan    Yellow Pages    Mailer/AD  
Other source: \_\_\_\_\_