



Thank you for choosing Absolute Dental for your dental needs. We promise to do our best to provide you with the finest care available. If you have any questions please do not hesitate to call us.

Today's Date: _____

• PATIENT INFORMATION

Name, Last: _____ First: _____ Middle: _____ DOB: _____

Gender: Male Female Social Security # _____ - _____ - _____ Marital Status: Single Married Divorced Widowed

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

E-mail Address: _____ Is it ok to Text and/or E-mail you? YES NO Initials _____

Address: _____ City: _____ State: _____ ZIP: _____

Employer: _____ Occupation: _____ Work # _____

Is the patient a student? _____ Full Time Part Time Emergency Contact Person: _____ Phone # _____

Spouse or parent's Name: _____ Employer: _____ Work # _____

Have you or any member of your family been a patient at this office before? Yes No

If yes, please give us their name(s): _____

Who may we thank for recommending our office to you? _____

Otherwise, how did you learn about our practice? Insurance Internet Mailer Yellow Pages TV-channel. _____ Other: _____

• ACCOUNT RESPONSIBLE PARTY

Person responsible for Account: _____ Currently a patient in our office(s)? Yes No

Social Security # _____ - _____ - _____ DOB: _____ Drivers License: _____ State: _____

Home Phone # _____ Cell # _____ Other # _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

• PRIMARY DENTAL INSURANCE

Insured's Name: _____ DOB: _____ Relation to Patient: _____

Social Security # _____ - _____ - _____ Member ID: _____ Effective Date: _____

Insurance Carrier: _____ Phone # _____ Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Group or Policy # _____ Union/Group Name: _____ Local #: _____

• SECONDARY DENTAL INSURANCE

Insured's Name: _____ DOB: _____ Relation to Patient: _____

Social Security # _____ - _____ - _____ Member ID: _____ Effective Date: _____

Insurance Carrier: _____ Phone # _____ Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Group or Policy # _____ Union/Group Name: _____ Local #: _____