

The Downtown Seattle Dentist

Today's Date: _____

Name: _____

Date of Birth: _____

Home Address: _____

City: _____ Zip Code: _____

Social Security #: _____

Cell #: _____

Work #: _____

Email: _____

Employer: _____

Previous Dentist: _____

Which of the following is the best way to contact you?

- Cell phone
- Work phone
- Email

How did you hear about our office?

- Google
- Bing
- City Search
- Other: _____

Emergency Contact

Name: _____

Phone #: _____

Relationship: _____

Insurance Information

Policy Holders' Name: _____

Employer: _____

Date of Birth: _____

Phone #: _____

ID#: _____

Group #: _____ Relationship: _____

Secondary Insurance

Policy Holders' Name: _____

Employer: _____

Date of Birth: _____

Phone #: _____

ID#: _____

Group #: _____ Relationship: _____

I understand that I am responsible for payment of services rendered and also responsible for paying any co-payments and deductibles that my insurance does not cover. I hereby authorize payment directly to The Downtown Seattle Dentist for the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize release of any information, including the diagnosis and records of treatment or examination rendered, to my insurance company.

Signature: _____ Date: _____