



TODAY'S DATE: \_\_\_\_\_

**ABOUT YOU**

FULL NAME: \_\_\_\_\_ PREFER TO BE CALLED: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_  MALE  FEMALE

MAILING ADDRESS: \_\_\_\_\_

SINGLE  MARRIED  CHILD  OTHER EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ I CONSENT TO TWAIN HARTE FAMILY DENTAL CARE USING MY CELL PHONE # TO (CHOOSE ONE OR BOTH)  CALL AND/OR  TEXT REGARDING APPOINTMENTS, AND TO CALL REGARDING TREATMENT, INSURANCE, AND MY ACCOUNT. I UNDERSTAND THAT I CAN WITHDRAW MY CONSENT AT ANYTIME. \_\_\_\_\_ (PLEASE INITIAL)

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYERS ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR OFFICE:  Website/Internet Search  Mailer  Sign  Yellow Pages  Friend or Family Member

IF REFERRED BY A FRIEND OR FAMILY MEMBER WHOM MAY WE THANK \_\_\_\_\_

**SPOUSE INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ SS#: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYERS ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**PERSON RESPONSIBLE FOR ACCOUNT**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**DENTAL INSURANCE**

**PRIMARY INSURANCE**

DENTAL COVERAGE:  YES  NO INSURANCE CO. NAME: \_\_\_\_\_

INSURANCE COMPANY ADDRESS: \_\_\_\_\_

INSURANCE CO. PHONE: \_\_\_\_\_ GROUP/ID NUMBER: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ INSURED BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

INSURED SS#: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**SECONDARY INSURANCE**

DENTAL COVERAGE:  YES  NO INSURANCE CO. NAME: \_\_\_\_\_

INSURANCE COMPANY ADDRESS: \_\_\_\_\_

INSURANCE CO. PHONE: \_\_\_\_\_ GROUP/ID NUMBER: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ INSURED BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

INSURED SS#: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ PHONE: \_\_\_\_\_