

# Advanced Dental Arts

6412 N. Cosby Avenue, Kansas City, Missouri 64151

816-452-1888

Date \_\_\_\_\_

## Patient Information (CONFIDENTIAL)

SSN \_\_\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_ Sex:  Male  Female

Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Minor  Single  Married  Divorced  Widowed  Separated Work Phone \_\_\_\_\_

Patient's Employer \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Whom May We Thank For Referring You? \_\_\_\_\_

## Responsible Party

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Is this person a current patient in our office?  Yes  No

## Insurance Information

Name of Insured \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mem ID \_\_\_\_\_ Group \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Max \$ \_\_\_\_\_

DO YOU HAVE ANY ADDITIONAL DENTAL INSURANCE?  YES  NO IF YES PLEASE COMPLETE THE FOLLOWING:

Name of Insured \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mem ID \_\_\_\_\_ Group \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Max \$ \_\_\_\_\_