JAYNE E. BOYD, D.M.D.
DAVID J. STEINER, D.M.D.

PATIENT INFORMATION

NAME: _____ SEX: M - F D.O.B.: _____ AGE: _____ SS#: _____-_____- _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____ PHONE: _____

EMPLOYER: _____ CITY: _____ STATE : ____ ZIP: _____ BUS: PHONE: _____

CHECK APPROPRIATE BOX: ❑ Minor ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated DRIVER'S LIC. #: _____

SPOUSE/PARENT NAME: _____ EMPLOYER: _____ BUS. PHONE: _____

PERSON RESPONSIBLE FOR ACCOUNT: _____ DRIVER'S LIC. #: _____ SS#: _____

ADDRESS: _____ HOME PHONE: _____ BUS. PHONE: _____
(IF DIFFERENT)

IF PATIENT IS A STUDENT, NAME OF SCHOOL/COLLEGE: _____ CITY: _____ STATE: _____

HOW DID YOU HEAR OF US? _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ PHONE: _____

REASON FOR THIS DENTAL APPOINTMENT: ❑ EXAMINATION ❑ EMERGENCY DESCRIBE: _____

_____

HAVE YOU EVER HAD A BAD EXPERIENCE IN A DENTAL OFFICE? DESCRIBE: _____

_____

NAME OF PREVIOUS DENTIST: (OPTIONAL): _____

INSURANCE INFORMATION

NAME OF INSURED: _____ RELATIONSHIP TO PATIENT: _____

D.O.B.: _____ SS#: _____-_____-_____ DATE EMPLOYED: _____

EMPLOYER: _____ ADDRESS: _____ BUS: PHONE: _____

INSURANCE COMPANY: _____ GROUP#: _____ PHONE#: _____

DO YOU HAVE ADDITIONAL DENTAL INSURANCE? YES ❑ NO ❑ (if yes, complete the following)

NAME OF INSURED: _____ RELATIONSHIP TO PATIENT: _____

D.O.B.: _____ SS#: _____-_____-_____ DATE EMPLOYED: _____

EMPLOYER: _____ ADDRESS: _____ BUS: PHONE: _____

INSURANCE COMPANY: _____ GROUP#: _____ PHONE#: _____

AUTHORIZATION STATEMENT

I HEREBY AUTHORIZE PAYMENT OF THE INSURANCE BENEFITS, OTHERWISE PAYABLE TO ME, DIRECTLY TO THE ABOVE DENTAL PRACTICE. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF DENTAL TREATMENT. ADDITIONALLY, I AUTHORIZE THE DENTIST TO ADMINISTER/PRESCRIBE SUCH MEDICATIONS AND PERFORM SUCH DIAGNOSTIC AND THERAPEUTIC SERVICES AS MAY BE NECESSARY FOR PROPER DENTAL CARE. THE INFORMATION CONTAINED WITHIN THIS FORM AND THE MEDICAL HISTORY ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

_____

PATIENT SIGNATURE/GUARDIAN IF PATIENT IS A MINOR DATE