

WELCOME

ABOUT YOU

Today's Date: _____

Name: _____

I prefer to be called: _____ Male Female

Birth-date: ___/___/___ Age: ___ SS# _____

CONTACT INFORMATION

Home # _____ Work # _____

Cell # _____ Other # _____

Dr Lic # _____ State _____

Home Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Email: _____

Single Married Divorced Widowed

Spouse: _____ Phone# _____

OTHER INFORMATION

Who may we Thank for referring you? _____

Emergency Contact: _____

Relationship _____ Phone# _____

Other family members seen by us? _____

Previous Dentist: _____ Last Visit _____

YOUR EMPLOYMENT

Employer: _____

Address: _____ Phone# _____

Occupation: _____ How long? _____

ACCOUNT RESPONSIBILITY

Name of Responsible Person: _____

Birth-date: ___/___/___ SS# _____

Employer _____

Relationship: _____ Phone# _____

Address: _____

City _____ State _____ Zip _____

DENTAL INSURANCE

IF DENTAL INSURANCE WILL BE INVOLVED,
PLEASE COMPLETE INFORMATION BELOW

PRIMARY DENTAL INSURANCE

(Use your Identification Card)

Subscriber name: _____

Insured's Birthday ___/___/___ SS# _____

Insured's Employer: _____

Insurance Co. Name: _____

Insurance Co. Phone # _____

Group # _____

Member ID # _____

SECONDARY DENTAL INSURANCE

(Use your Identification Card)

Insured's Name: _____

Insured's Birthday ___/___/___ SS# _____

Insured's Employer: _____

Insurance Co. Name: _____

Insurance Co. Phone # _____

Group # _____

Member ID # _____

RELEASE OF INFORMATION

I authorize release of information relating to any insurance claim, to my insurance company. I understand that I am responsible for all costs of dental treatment.

Signed: _____ Date: _____

PAYMENT AUTHORIZATION

I hereby authorize payment directly to the below named dentist or the group insurance benefits otherwise payable to me.

Dr. Dan Utley DDS, Dr. Tyler Utley and/or Associates

Signed: _____ Date: _____

MISSED APPOINTMENT

NOTICE: THERE **MAY** BE A CHARGE FOR BROKEN OR MISSED APPOINTMENTS WITHOUT 48 HOUR NOTICE.