

# SIMPLIFY DENTAL

## Patient Information

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ email address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ SS# \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Minor \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Employer name: \_\_\_\_\_ phone # \_\_\_\_\_

Employer address: \_\_\_\_\_

In the event of an emergency, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

## Responsible Party

Who is financially responsible for this account?

Name: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer address: \_\_\_\_\_

Nearest relative not living with you: \_\_\_\_\_ Phone # \_\_\_\_\_

Nearest friend not living with you: \_\_\_\_\_ Phone # \_\_\_\_\_