

"Creating healthy, beautiful smiles....for a lifetime."

Welcome to Joseph C. Smith, DDS. We sincerely appreciate you choosing our office for your dental and oral health care needs. Please be assured that we will work hard to continually earn the trust that you have placed in us. In order for us to serve you better, please take several minutes to complete this information form.

Please tell us about yourself

Patient's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
e-Mail Address: _____
Who may we thank for referring you to us for care? _____

Today's Date: _____
Home Phone: _____
Date of Birth: _____ Sex: M F
Social Security #: _____
Do you have Dental Insurance? Yes No

If the Patient is a minor, please tell us about you, the parent or guardian:

Your Name: _____
Your Address: _____
City: _____ State: _____ Zip: _____

Relationship to Patient: _____
Your Home Phone #: _____
Your Social Security #: _____

Employer Information

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip: _____

Business Phone: _____
Your position: _____
How long with company: _____

Spouse Information

Spouse's name: _____
Address: _____
Spouse's Employer: _____
City: _____ State: _____ Zip: _____

Spouse's Soc.Sec. #: _____
Spouse's Date of Birth: _____
Business Phone: _____
How long with company: _____

Insurance Information

Name of Insurance Co: _____
Name of Insured Person: _____
Social Security # of Insured: _____

Plan Name or Number: _____
Group No./ Effective Date: _____
Insured Date of Birth: _____