

Three Oaks Dentistry

103 South Elm Street ◦ Three Oaks, Michigan 49128
269-756-5431 ◦ www.threeoaksdentistry.com

Patient Information

Name: _____ Today's Date: _____

Preferred Name: _____ Male Female

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Work Phone Number: _____

Preference for Appointment Reminders: Phone Message Text Message

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Occupation: _____

Referred by: _____

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

Name: _____ Relationship: _____ Phone Number: _____

Who is responsible for the account? Self Other: _____

*If Patient is not responsible for own account, please complete a Release of Information

Primary Dental Insurance Information:

Name of Insured: _____

Insured: Male Female

Relationship to Patient: _____

Insured's Date of Birth: _____

Insured's Social Security #: _____

Insured Employer: _____

Insurance Company Name: _____

Group #: _____

Employee/Cert. #: _____

Secondary Dental Insurance Information:

Name of Insured: _____

Insured: Male Female

Relationship to Patient: _____

Insured's Date of Birth: _____

Insured's Social Security #: _____

Insured Employer: _____

Insurance Company Name: _____

Group #: _____

Employee/Cert. #: _____