

# Pizzolatto General and Cosmetic Dentistry

## **ABOUT YOU**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ I prefer to be called \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male { } Female { } S.S.# \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ can we contact you by email { yes or no }

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **PERSON RESPONSIBLE FOR ACCOUNT (if other than yourself)**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

S.S. # \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## **SPOUSE'S INFORMATION (if applicable)**

{\_\_\_\_} Same as above Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

## **DENTAL INSURANCE INFORMATION**

Primary Insurance Co. Name \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation: \_\_\_\_\_

Group # \_\_\_\_\_ Policy/Member # \_\_\_\_\_ Insured's S.S.# \_\_\_\_\_

Insured's Employer \_\_\_\_\_