

Dimples Family Dentistry

Ethan A. Roos, D.D.S

Date: _____

Patient Information

Patient's Full Name _____ Nickname _____

SSN _____ Date of Birth _____ Age _____

Male/Female (circle one) Marital Status _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Cell Phone _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

May We Contact Your Work Phone? _____

Spouse Information

Spouse's Name _____ Spouse's SSN _____

Spouse's Date of Birth _____ Spouse's Employer _____

Emergency Contact (person not living with you) _____

Relationship _____ Phone Number _____

Family Physician's Name _____ Physician's Phone # _____

How Did You Hear About Our Office? _____

Responsible Party for Payment of Account

The responsible party must be present to sign this section. We cannot list someone other than yourself if that person is not with you today. Thank You.

Name of Responsible Party _____ Relationship _____

Home Address _____ SSN _____

Date of Birth _____ Employer _____ Phone Number _____

Occupation _____ Employer Address _____

Length of Employment _____ Work Number _____

Signature of Responsible Party _____