

# Welcome to Dazzling Dentistry, Inc.

**Dr. Margaret Radziszewski**

Thank you for selecting our clinic. We continually strive to provide you with the best possible dental care. To help us meet all your dental needs, please fill out this form completely in ink. If you have any questions or need assistance, please ask us, we will be happy to help.

**DATE** \_\_\_\_\_

## ① PATIENT INFORMATION (CONFIDENTIAL)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ (At least two contact numbers)

Date of Birth: MM/DD/YY \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Sex:  Female  Male Check appropriate box:  Minor  Single  Married

e-mail \_\_\_\_\_

Whom May We Thank for Referring You? \_\_\_\_\_

Do You Have Dental Insurance?  Yes  No If YES – please present your insurance card.

**EMERGENCY CONTACT (Name and Telephone Number)** \_\_\_\_\_

If Student, Name of School/College: \_\_\_\_\_

Did you ever consider whitening your teeth?  Yes  No

## ② RESPONSIBLE PARTY If the same as above, Refer to Section 3

Name of Person Responsible for this Account: \_\_\_\_\_

Relationship To Patient: \_\_\_\_\_ Date of Birth: MM/DD/YY \_\_\_\_\_

Address: \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Drivers License # \_\_\_\_\_

## ③ EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

## ④ FRIEND OR RELATIVE NOT LIVING WITH YOU

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_