

CHART # \_\_\_\_\_

# Patient Information Card

ACCT # \_\_\_\_\_

PLEASE PRINT

DATE \_\_\_\_\_

## PATIENT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
(And Street if P.O. Box)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Sex M F	Date of Birth	Hair Color	Eye Color	Marital Status S M W D	Weight	Height
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Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_ Student FT/PT \_\_\_\_\_

Social Security # \_\_\_\_\_ DL# \_\_\_\_\_ Exp. Date \_\_\_\_\_

PARTY RESPONSIBLE	Name _____ Home Phone _____
	Mailing Address _____ City _____ State _____ Zip _____ (And Street if P.O. Box)
	Employer Name and Address _____
	Relationship to Patient _____ Occupation _____ Bus. Phone _____
PAYMENTS TO BE MADE BY	Social Security # _____ Date of Birth _____ Driver's License # _____
	Cash _____ Check _____ Sears Card# _____ Visa Card# _____ Master Card# _____

DENTAL INSURANCE	Employee Name _____ Policy # _____ Social Security # _____
	Employer _____ Phone # _____ Insurance Company _____
	Send Claims To _____ Phone # _____

I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO INSURANCE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME

\_\_\_\_\_  
SIGNED (PATIENT, OR PARENT IF MINOR)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED (INSURED PERSON)

\_\_\_\_\_  
DATE

OTHER	Previous Dentist Name _____ Physician's Name _____													
	Name and Address of Nearest Living Relative _____													
	Is any other member of your family a patient here? If so, patient's name _____													
	Whom may we contact in case of emergency? _____ Phone _____													
	<p align="center"><b>HOW DID YOU FIND OUT ABOUT THE DENTIST PLACE?</b> (Please Circle#)</p> <table> <tr> <td>1. You or a family member is employed by Sears or an affiliate</td> <td>8. Yellow Pages</td> </tr> <tr> <td>2. Referred by a patient. Who? _____</td> <td>9. Sears or a Mall shopper and saw our offices or signs</td> </tr> <tr> <td>3. Direct Mail. What type? _____</td> <td>10. Mall Employee</td> </tr> <tr> <td>4. Brochure</td> <td>11. Referred by one of our employees. Who? _____</td> </tr> <tr> <td>5. Newspaper</td> <td>12. Your employer belongs to Preferred Patients Program</td> </tr> <tr> <td>6. TV</td> <td>13. Other: _____</td> </tr> <tr> <td>7. Radio</td> <td></td> </tr> </table>	1. You or a family member is employed by Sears or an affiliate	8. Yellow Pages	2. Referred by a patient. Who? _____	9. Sears or a Mall shopper and saw our offices or signs	3. Direct Mail. What type? _____	10. Mall Employee	4. Brochure	11. Referred by one of our employees. Who? _____	5. Newspaper	12. Your employer belongs to Preferred Patients Program	6. TV	13. Other: _____	7. Radio
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