

Alexis A. Atchinson, DDS, PC

"Creating Healthy Smiles"

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Best way to contact you (circle) email text cell home phone

Responsible Party:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Best way to contact you (circle) email text cell home phone

Employer: _____ Address: _____ Work #: _____

Spouse Name: _____ Date of Birth: _____ Phone #: _____

Spouse's Employer: _____ Address: _____

Work #: _____ Emergency Contact: _____ Phone #: _____

Who can we thank for referring you to our office?: _____

Dental Insurance Primary:

Subscriber: _____ **Date of Birth:** _____

Employer: _____ **Relationship to Patient:** _____

Insurance Company: _____ **Group #:** _____

ID #: _____ **Address:** _____

Phone #: _____