



Patient's Information

Today's Date: _____

Name: _____

Date of Birth: _____ Male Female

Home Address: _____

City _____ Zip Code _____

Social Security # _____

Phone #: _____ Cell #: _____

Work #: _____

Email: _____

Employer: _____

Previous Dentist: _____

Which one of the following is the best way to reach you?

- Home phone Cell phone
 Work phone E-mail

How did you hear about our office?

Google Bing City Search Other: _____

What key words did you enter to find us online?

(e.g. "Redmond Dentist", "Emergency Dentist", etc.)

Emergency Contact

Name: _____

Phone #: _____ Relationship: _____

Insurance Information

Policy Holder's Name: _____

Employer: _____

Date of Birth: _____ Phone#: _____

Insurance Provider: _____

ID #: _____ Group #: _____

Relationship: _____

Secondary Insurance

Insurance Company: _____

Insured's Name: _____

Insured's DOB: _____ Relationship: _____

Insured's Phone #: _____

ID #: _____ Group # _____

I understand that I am responsible for payment of services rendered and also responsible for paying any co-payments and deductibles that my insurance does not cover. I hereby authorize payment directly to Redmond Way Dentistry for the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize release of any information, including the diagnosis and records of treatment or examination rendered, to my insurance company.

Signature: _____ Date: _____