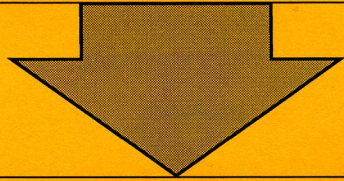


PLEASE COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION

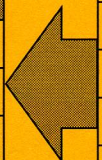


| | | | | |
|--|--------|----------------|---------|----------|
| DATE | | PREFERRED NAME | | 1 |
| NAME | | | | |
| SPOUSE | | | | |
| ADDRESS | | | | |
| CITY | | STATE | | ZIP |
| HOME PHONE NO. | | | | |
| CELL PHONE NO. | | | | |
| BIRTHDATE | | | | |
| MARRIED | SINGLE | DIVORCED | WIDOWED | |
| DATE | | PREFERRED NAME | | |
| NAME | | | | |
| ADDRESS | | | | |
| CITY | | STATE | | ZIP |
| HOME PHONE NO. | | | | |
| BIRTHDATE | | AGE | | |
| SCHOOL | | | | |
| IF YOUR CHILD'S NAME AND ADDRESS ARE NOT THE SAME AS YOURS, FILL IN THE ABOVE BOX ALSO. | | | | |

| | | |
|--------------------------|--|----------|
| DENTAL INSURANCE | | 2 |
| PRIMARY CARRIER | | |
| INSURANCE COMPANY | | |
| EMPLOYEE NAME | | |
| EMPLOYER | | |
| GROUP NO. | | |
| DATE EMPLOYED | | |
| EMP. SOCIAL SECURITY NO. | | |
| EMP. BIRTHDATE | | |
| SECONDARY CARRIER | | |
| INSURANCE COMPANY | | |
| EMPLOYEE NAME | | |
| EMPLOYER | | |
| GROUP NO. | | |
| DATE EMPLOYED | | |
| EMP. SOCIAL SECURITY NO. | | |
| EMP. BIRTHDATE | | |



| | | |
|---|--|----------|
| ACCOUNT INFORMATION | | 4 |
| PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT | | |
| NAME | | |
| SOCIAL SECURITY NO. (IF NOT PREVIOUSLY ENTERED) | | |
| BANK | | |
| BRANCH | | |
| ACCOUNT NO. | | |
| YOUR: | | |
| NAME | | |
| OCCUPATION | | |
| EMPLOYER | | |
| BUSINESS ADDRESS | | CITY |
| BUSINESS TELEPHONE | | EXT. |
| YOUR SPOUSE: | | |
| NAME | | |
| OCCUPATION | | |
| EMPLOYER | | |
| BUSINESS ADDRESS | | CITY |
| BUSINESS TELEPHONE | | EXT. |



| | | |
|---|-------|----------|
| GETTING TO KNOW YOU | | 3 |
| IS ANOTHER MEMBER OF YOUR FAMILY, OR RELATIVE A PATIENT AT OUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| THEIR NAME | | |
| CHILDREN'S NAMES & BIRTHDATES | | |
| 1. | 2. | |
| 3. | 4. | |
| 5. | 6. | |
| YOU WERE REFERRED TO US BY | | |
| FORMER ADDRESS | | |
| CITY | STATE | ZIP |
| PERSON TO CONTACT FOR EMERGENCY | | |
| PHONE NUMBER | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| CLOSEST RELATIVE NOT LIVING WITH YOU | | |
| PHONE NUMBER | | |
| ADDRESS | | |
| CITY | STATE | ZIP |