

SUPPLEMENTAL INFORMATION



A) DENTAL BENEFITS

Are you using dental benefits towards your treatment

YES NO

Primary Benefits

Subscriber's Name: _____

Subscriber's Relation To You: SELF SPOUSE PARENT

Subscriber's Birthday: ____ / ____ / ____

Subscriber's Employer: _____

Name of Ins. Company: _____

Secondary Benefits (if any)

Subscriber's Name: _____

Subscriber's Relation To You: SELF SPOUSE PARENT

Subscriber's Birthday: ____ / ____ / ____

Subscriber's Employer: _____

Name of Ins. Company: _____

B) REFERRAL SOURCE

How did you hear about our office?

C) COMMUNICATION PREFERENCES

Your time is valuable and your privacy is important to us. Please tell us the most convenient way to contact you with appointment confirmations and office communications:

Check all that apply: Phone Text

Mail Email: _____