PATIENT INFORMATION

Date_____

NAME_____ _____
(Last) (First) (Initial) (Preferred Name)

DATE OF BIRTH _____ Gender: M F MARTIAL STATUS: M S W D

HOME ADDRESS_____

_____
(City) (State) (Zip)

PHONE : (1)_____(2)_____ (3)_____(Please indicate which # you'd prefer us to use to contact you)
(cell) (home) (work)

_____ _____
SPOUSE'S NAME OR EMERGENCY CONTACT PHONE NUMBER(S)

EMAIL: Y N EMAIL ADDRESS_____

REFERRED BY_____

EMPLOYMENT INFORMATION

EMPLOYED BY_____OCCUPATION_____

STUDENT STATUS: FULL PART-TIME SCHOOL_____

SCHOOL ADDRESS_____
(City) (State)

DENTAL INSURANCE INFORMATION

PLEASE NOTE: Your insurance is a contract between you and your insurance carrier. It is your responsibility to know the terms of your policy, i.e. frequency limitations, deductibles, etc. and to inform our office of any changes to your dental insurance. We file claims as a courtesy and will accept assignment of benefits when possible but you will be responsible for all fees regardless of insurance coverage. Please ask if you have any questions.

POLICYHOLDER'S NAME_____RELATIONSHIP TO PATIENT_____

POLICYHOLDER'S EMPLOYER_____BIRTHDATE_____

POLICYHOLDER'S INSURANCE ID# or SS# (if no ID was assigned)_____

INSURANCE COMPANY_____ GROUP PLAN #_____

CLAIMS MAILING ADDRESS_____

I hereby authorize payment directly to Dr Robert G Plage, DDS of any benefits otherwise payable to me under my dental insurance plan. I understand that I am responsible for all fees for professional services rendered to me or my dependents. I hereby authorize Dr Plage to administer any medications and perform any diagnostic and therapeutic procedures as may be necessary for my dental care. I will not hold Dr Plage or any member of his staff responsible for any errors or omissions that I may have made in the completion of this form and the medical history form. The information on this page and the medical history are correct to the best of my knowledge.

Signature of Patient or Responsible Party_____ **Date**_____

***Kindly give our office a 24-hr notice should you need to reschedule an appointment so that we may offer that time to another patient.**