

# Welcome to Clear Lake Dental Center

Chart # \_\_\_\_\_

## About You

Patient Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Preferred name \_\_\_\_\_ Date \_\_\_\_\_  
Gender (M/F) Marital Status: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_  
Mailing Address: Street \_\_\_\_\_ Apartment# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Spouse or Responsible Party Information

Name \_\_\_\_\_ Gender (M/F) Relationship to Patient \_\_\_\_\_  
Social Security#: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Check if same Address \_\_\_\_\_  
Address: Street \_\_\_\_\_ Apartment# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Primary Dental Insurance Information

Name of Insured: \_\_\_\_\_ Is insured a patient? (Y / N) \_\_\_\_\_  
Insured's Date of Birth: \_\_/\_\_/\_\_\_\_ ID#: \_\_\_\_\_ Group # \_\_\_\_\_  
Insured's Address: Street \_\_\_\_\_ Apartment# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Patient's relationship to insured: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_  
Insurance Plan Name and Address: \_\_\_\_\_  
Customer Service Phone # \_\_\_\_\_

## Referral Information

Whom may we thank for referring you to our practice? \_\_\_\_\_

