



BRILLIANT DENTISTRY. BRILLIANT SMILES.

**PATIENT INFORMATION**

NAME (First) (MI) (Last)			HOME PHONE	
ADDRESS (No.) (Street) (City) (State) (Zip)			CELL PHONE	
BIRTH DATE (Month) (Date) (Year) / /		AGE:	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
SOCIAL SECURITY #		DRIVERS LICENSE # & STATE	MARITAL STATUS S M D W	
EMPLOYER			OCCUPATION	
SPOUSE'S NAME			WORK PHONE	CELL PHONE
If the patient is a minor please complete the boxes to the right.	FATHERS NAME		HOME PHONE	WORK PHONE
	MOTHERS NAME		HOME PHONE	WORK PHONE

**RESPONSIBLE AGENT** This is the person responsible for payment of this account, as such all bills will be sent here.

NAME (First) (MI) (Last)			HOME PHONE	WORK PHONE
BILLING ADDRESS (No.) (Street) (City) (State) (Zip)			RELATIONSHIP TO PATIENT	SOCIAL SECURITY #

**EMERGENCY INFORMATION**

NAME OF NEAREST RELATIVE <u>NOT LIVING WITH YOU</u>	HOME PHONE	RELATIONSHIP TO PATIENT
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**REFERRAL INFORMATION** Whom may we thank for referring you to our practice?

<input type="checkbox"/> The Phone Book	<input type="checkbox"/> My insurance Company	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Business Sign	<input type="checkbox"/> Print Ad
<input type="checkbox"/> Practice Website	<input type="checkbox"/> Another Patient Name _____			
<input type="checkbox"/> Practice Blog	<input type="checkbox"/> Other (Please Specify) _____			

**SERVICES** So we can best serve you, tell us what services you are interested in discussing: (Check all that apply)

<input type="checkbox"/> Replacing Silver Fillings	<input type="checkbox"/> Teeth Whitening	<input type="checkbox"/> Replacing Missing Teeth
<input type="checkbox"/> Porcelain Veneers or Crowns	<input type="checkbox"/> Straighter Teeth	<input type="checkbox"/> Other (Please Specify) _____

\_\_\_\_\_  
Signature of patient or Responsible party

\_\_\_\_\_  
If responsible agent, relationship to patient

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY -- ANNUAL REVIEW & DATE TRACKING**

Review Date _____	Review Date _____	Review Date _____
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