



# EMRICH FAMILY DENTISTRY

1321 B Oberlin Road :: Raleigh, NC 27608 :: p. 919.821.0008

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Patient Is:    Policy Holder    Responsible Party    Student    Preferred Name: \_\_\_\_\_

### **Patient Information**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex:    Male    Female    Marital Status:    Married    Single    Divorced    Separated    Widowed

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

### **Responsible Party (Primary Policy Holder)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

### **Primary Dental Insurance Information (Policy Holder) \*Please provide Dental Insurance Card at time of your appointment**

Name of Insured: \_\_\_\_\_

Insured Soc. Sec.: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Policy # or Soc. Sec. #: \_\_\_\_\_

Relationship to Insured:    Self    Spouse    Child    Other

Insured Birth Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Group #: \_\_\_\_\_

### **How Did You Hear About Us?**

Another Patient: \_\_\_\_\_

Drove By    Yellow Pages    Google

Our Website    Advertisement    Insurance

Other \_\_\_\_\_

Previous Dentist: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Please list any dental concerns: \_\_\_\_\_

\_\_\_\_\_