



# HI-TECH FAMILY DENTISTRY

Mark R. Morin DDS, PC

Preferred Name: \_\_\_\_\_

PATIENT NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Home phone: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address \_\_\_\_\_ (confidential for confirming appointments)

How did you hear about our office? \_\_\_\_\_

IN CASE OF EMERGENCY, name and phone of nearest relative not living with you: \_\_\_\_\_

FINANCIALLY RESPONSIBLE PERSON  Check if Same as Above

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMPLOYMENT OF RESPONSIBLE PERSON

Employed by: \_\_\_\_\_ Present position: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

\_\_\_\_\_

SPOUSE: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Employed by: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PLEASE COMPLETE THE FOLLOWING IF YOU HAVE DENTAL INSURANCE

NAME OF PRIMARY DENTAL INSURANCE: \_\_\_\_\_

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

\_\_\_\_\_ ID #: \_\_\_\_\_

Employee/Subscriber Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Employer (Company) Name: \_\_\_\_\_

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

NAME OF SECONDARY DENTAL INSURANCE: \_\_\_\_\_

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

\_\_\_\_\_ ID #: \_\_\_\_\_

Employee/Subscriber Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Employer (Company) Name: \_\_\_\_\_

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

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