Dental New Patient Form

Patient Information

First Name	Last Name	Preferred Name	Patient Identifier (If known)
Sally	Peterson		

Gender	Preferred Pronouns	Date of Birth	Marital Status
Female	She/Her	08/10/1975	Married

Address	City	State	Zip Code
15 Example Ave	Denver	CO	1001

Email	Preferred Phone Number
sallypeterson@sample.com	123-456-000

Emergency Contact

Full Name	Relationship	Contact Number
Alex Peterson	Husband	333-555
Sam Marks	Mother	222-222

Health and Medical Information

Primary Care Physician	Address	Contact Number
Dr Jane Abbott	123 Example Rd Denver	111-222

Please list any medical conditions
N/A

Please list any current medication
N/A

Insurance Information (If Applicable)

Insurance Carrier	Insurance Plan	Contact Number
Health For All	8Y	999-999

Policy Number	Group Number	Social Security Number
87332	2B	123-456

Employment Status

- [x] Employed
- [ ] Self Employed
- [ ] Unemployed
- [ ] Other _____

Occupation	Industry	Company Name
Investment Banker	Finance	Capital Business Finance

Company Address	City	State	Zip Code
298 Sample St	Denver	CO	1002

All the answers given to the above questions are answered accurately to the best of my knowledge. I understand that any inaccurate information can be dangerous to my (or patient's) health.

Parent or Guardian Name (If Applicable)	Relationship to Patient (If Applicable)

Signature of Patient, Parent or Guardian	Date
	10/22/2022