



LAKESIDE DENTAL

Welcome to Lakeside Dental

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely. The better we can communicate, the better we can care for you.

About You...

Today's Date: _____

Name: _____
Last First MI Mr. Mrs. Ms. Dr.

I prefer to be called: _____ Male Female

Birthdate: ___/___/___ Age: _____ SS# _____

Home Address: _____

City State Zip

Single Married Divorced Widowed Separated

Home #: () _____

Work #: () _____ Ext.: _____

Cell #: () _____

TDL#: _____

Employer: _____

Employer's Address: _____

How long there? _____ Occupation: _____

Where & When are best times to reach you? _____

Who may we Thank for referring you? _____

Other family members seen by us: _____

Previous Present Dentist: _____

Last Visit Date: _____

Spouse Information...

Their Name: _____

Employer: _____

Work #: () _____ Ext.: _____

TDL#: _____ SS#: _____

Birthdate: ___/___/___

Person Responsible for Account...

Work #: () _____ Ext.: _____

Billing Address: _____

Relationship: _____ SS#: _____

Employer: _____ TDL#: _____

Dental Insurance...

Primary Dental Insurance

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone#: () _____

Group # (Plan, Local or Policy#): _____

Insured's Name: _____ Relation: _____

Insured's Birthdate: ___/___/___

Insured's SS#: _____

Insured's Employer: _____

Secondary Dental Insurance

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone#: () _____

Group # (Plan, Local or Policy#): _____

Insured's Name: _____ Relation: _____

Insured's Birthdate: ___/___/___

Insured's SS#: _____

Insured's Employer: _____

Emergency Information...

In the event of an emergency, is there someone who lives near you that we should contact?

Their Name: _____ Relation: _____

Work #: () _____

Home#: () _____

Medical History...

Do you have a personal physician?

Yes No

Physician's Name: _____

Phone #: () _____

Date of Last Visit: _____

CONTINUED ON BACK OF FORM ➡