

Green Hills Family & Cosmetic Dentistry, P.C.

1150 Glenlivet Drive, Suite C38 , Allentown, PA 18106 Phone: 610.395.0980, FAX: 484.223.1933

PATIENT INFORMATION

Patient Name: _____
First Middle Initial Last

Salutation: Mr. Mrs. Ms. Dr. Preferred Name: _____ Whom may we thank for referring you? _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Work: _____ Ext: _____ Cell: _____

Email Address if you wish to receive correspondences via email: _____

Birthdate: _____ Sex: Male Female Marital Status: ___ Married ___ Not Married

Emergency Contact Name: _____ Phone #: _____

Preferred Pharmacy: _____ Location: _____

RESPONSIBLE PARTY

Person responsible for patient: _____ Relation to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Work: _____ Ext: _____ Cell: _____

Email Address if you wish to receive correspondences via email: _____

Birthdate: _____ Sex: Male Female Marital Status: ___ Married ___ Not Married

Currently a Patient in our Office: Yes No

DENTAL INSURANCE INFORMATION

Policy Holder Name: _____ Relation to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ SS#: _____ Insurance ID # _____

Employer: _____

Insurance Company Name: _____ Group Number: _____

Insurance Company Address: _____

SECONDARY DENTAL INSURANCE INFORMATION

Policy Holder Name: _____ Relation to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ SS#: _____ Insurance ID # _____

Employer: _____

Insurance Company Name: _____ Group Number: _____

Insurance Company Address: _____