

# ARISE DENTAL

## COSMETIC & FAMILY



### WELCOME

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your dental health.

#### ARISE DENTAL About You

Name \_\_\_\_\_  
(First) (MI) (Last)

Mr.  Mrs.  Ms.  Dr. I prefer to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

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

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

Single  Married  Divorced  Widowed  Separated

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

What is your preferred method of contact? \_\_\_\_\_

Who may we thank for referring you \_\_\_\_\_

Other family members seen by us: \_\_\_\_\_

#### ARISE DENTAL Responsible Party's Information

His/Her Name: \_\_\_\_\_  
(First) (MI) (Last)

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### ARISE DENTAL Emergency Contact

In the event of an emergency, who would you like us to contact?

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### ARISE DENTAL Dental Insurance

##### *Primary Dental Insurance*

Name of Insurance Co.: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Insured's Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Insured's Birthday: \_\_\_\_\_ Insured's SS#: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

##### *Secondary Dental Insurance*

Name of Insurance Co.: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Insured's Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Insured's Birthday: \_\_\_\_\_ Insured's SS#: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_