

WELCOME

Chavez Dental

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain oral health. Please fill out this form completely.

The better we communicate, the better we can care for you.

ABOUT YOU

Today's Date: _____

Name: _____

Male *Female*

SS# _____ Birthday ____/____/____

Address: _____

City _____ State _____ Zip _____

Do you? *Own* *Rent*

Home # _____ Cell _____

Work # _____ Ext _____

Email _____

Single *Married* *Minor*

Employer (or school) _____

Other family seen here _____

Who referred you? _____

SPOUSE INFORMATION

His/Her Name _____

SS# _____ Birthday ____/____/____

Employer _____

Work # _____ Cell # _____

PERSON RESPONSIBLE FOR ACCOUNT

Name _____

Patient Husband Wife Mother Father

Billing address _____

City _____ State _____ Zip _____

Home # _____ Cell# _____

PRIMARY DENTAL INSURANCE

Insurance Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Insured Name _____

Birthday ____/____/____ SS# _____

Group # _____ ID# _____

Relation _____

Employer _____

SECONDARY DENTAL INSURANCE

Insurance Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Insured Name _____

Birthday ____/____/____ SS# _____

Group # _____ ID# _____

Relation _____

Employer _____

.....
In order to control increasing costs, a \$50.00 fee will be charged when a 24hr. notice is not given for a missed appointment. All patient payments are due at the time of service. Dental insurance, as a rule, does not pay for all dental procedures. Please check your dental coverage booklet for the details on your dental plan. You are responsible
.....

Signature _____

Date _____

Chavez Dental