

Belfast Dental Care requests this information for the purposes of providing a complete and comprehensive evaluation of your dental needs. No persons outside the practice will be provided this information unless properly authorized by you or required by law. Thank you!

How did you hear about us? Patient Internet Social Media Print Book Advertisement Other

Name of person who referred you: _____ Source: _____

PATIENT DATA

Mrs Dr Print Full Legal name: First Middle Last Preferred Name

Date of Birth: (month/day/year) Social Security # Email Address:

Mailing Address:

Home Phone # Work Phone # Cellular/Other Phone #

Preferred Phone Number to Contact Patient: Home Cellular Work Permission to contact me by: Phone Email Text
 (please check all that apply) (please check all that apply)

Alternate/Seasonal/Permanent Address (if different than above)

EMERGENCY CONTACT INFORMATION

Emergency Contact: First Middle Last

Relationship to patient: Home Phone # (with area code) Other Phone (with area code) Email address:

Mailing Address:

Same as Patient **RESPONSIBLE PARTY INFORMATION**

Print Full Legal Name: First Middle Last Relationship to Patient: Social Security #:

Mailing Address:

Date of Birth: Home Phone # (with area code) Cellular/Other Phone # (with area code) Email Address:

DENTAL INSURANCE/PAYMENT INFORMATION

Name of Policy Holder: First Middle Last Policy Holder Date of Birth:

Policy Holder Address Insurance ID Number Insurance Carrier Name Employer Name:
 (if different than patient)

I would like a copy of the Belfast Dental Care Privacy notice: Yes No
 Permission to leave voice mail regarding your dental health? Yes No
 Permission to leave voice mail or send email regarding your account information? Yes No
 I have read the Broken Appointment Policy and the Financial Policy _____
 (please initial) PATIENTS PREFERRED PHARMACY: _____
 PHARMACY LOCATION: _____

SIGNATURE: _____ DATE: _____
 Signed by: Patient Parent/Legal Guardian

If other than patient, please print name & relationship: _____