



PATIENT INFORMATION

We are pleased to welcome you to Origins Specialty Dentistry. Please fill out this form. Personal info is required. You have the option of filling out your medical history & screening forms after that or do so when you arrive at office. Feel Free to call us at (210) 460-0749 if you have any questions.

PERSONAL			
Name _____			
<i>Last</i>	<i>First</i>	<i>MI</i>	<i>(Preferred)</i>
Birthdate _____	SS# _____	Gender: [] M [] F	Married: [] Y [] N
Work Phone _____ Wireless Phone _____ Driving License Number _____			
Email _____			
Preferred contact method [] HmPhone [] WkPhone [] WirelessPh [] Email			
Preferred contact method for confirmations [] HmPhone [] WkPhone [] WirelessPh [] Email			
Preferred contact method for recall [] HmPhone [] WkPhone [] WirelessPh [] Email			
Student status if dependent over 19 (for ins) [] Nonstudent [] Fulltime [] Parttime			
Reason for your visit today? _____			
How did you hear about us? _____ (If someone referred you here, please write down their name so we can thank them.)			
ADDRESS AND HOME PHONE			
Check box if same for entire family []			
Address _____			
Address 2 _____			
City _____ State _____ Zip _____			
Home Phone _____			
INSURANCE POLICY 1			
Your relationship to subscriber: [] Self [] Spouse [] Child			
Subscriber Name _____ Subscriber ID # _____			
Insurance Company _____ Phone _____			
Employer _____ Group Name _____ Group # _____			
Please present insurance card to receptionist.			
INSURANCE POLICY 2			
Your relationship to subscriber: [] Self [] Spouse [] Child			
Subscriber Name _____ Subscriber ID # _____			
Insurance Company _____ Phone _____			
Employer _____ Group Name _____ Group # _____			

Comments: