

Dentistry at Windermere

2964Buford Hwy. Suite 200 Cumming, GA 30041 Phone: 770-205-1212 Fax: 770-205-1211

Today's Date	_____						
Name	_____	Name I like to be called	_____				
Mailing Address	_____	City	_____	Zip	_____		
Street Address	_____	City	_____	Zip	_____		
Birthdate	_____	Marital Status	_____	SS#	_____	Email	_____
Hm#(____)	_____	Wk#(____)	_____	Ext.	_____	Cell#(____)	_____
Occupation	_____	Employer	_____				
Spouse's or Parent's Name	_____	Birthdate	_____	SS#	_____		
Spouse's or Parent's Occupation	_____	Spouse's or Parent's Employer	_____				
Contact Phone Number (____)	_____						

Person Responsible For Account

Check if same as above: Proceed to Next Section

Name	_____	SS# or ID#	_____		
Address	_____	City	_____	Zip	_____
Relationship to Patient	_____	Birthdate	_____		
Employer	_____	Work Phone(____)	_____		

Dental Insurance

Employee Name	_____	Birthdate	_____
Insurance Company	_____	Customer Service #	_____
Employer	_____	Group #	_____

Getting To Know You

Please list members of your family that are patients in our office: Names: _____

How did you hear about our office? Yellow Pages Website Mailer Sign
 Other _____ Friend/Family _____

Person to contact in case of emergency (not living with you)

Name	_____	Phone(____)	_____				
Address	_____	City	_____	State	_____	Zip	_____