



# WHITE OAKS DENTAL

## Patient Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name (Nickname) \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Single  Married  Minor  Male  Female  Transgender

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*By providing your email you are consenting to receive electronic statements\*

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Name and Address: \_\_\_\_\_

How did you hear about our office?  Insurance  Internet  Flyer  Patient \_\_\_\_\_  Other \_\_\_\_\_

### Primary Insurance Information

Dental Insurance Company: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ Group#: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Insured Employer: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### Secondary Insurance Information

Dental Insurance Company: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ Group#: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Insured Employer: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### Authorization

I hereby authorize payment directly to White Oaks Dental of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize White Oaks Dental to administer such medications and perform such diagnostic, photographic and therapeutic procedures as may be necessary for proper dental care. The information on this page is correct to the best of my knowledge. I understand that it is my responsibility to provide updated information to White Oaks Dental if/when changes occur. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third party payers by any method, including electronic transfer.

Signature of Patient/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_