Dickerson Family Dental

Rein M. Dickerson DDS PLLC

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Welcome to our office. We will do our best to make your appointment as convenient and pleasant as possible. If at any time you have questions regarding your treatment, your appointments or fees, please feel free to ask. This acquaintance form will help us to serve you better.

Date ______

Patient Name ______ LAST ______ FIRST ______ MIDDLE

Street ______ Apt. # ______

City ______ State ______ Zip Code ______

Home Ph. ______ Cell ______ Work ______ E Mail ______

Date of Birth ___/___/___ Sex: Male ______ Female ______ Marital Status: ______

Drivers License # ______ Social Security # ______

Employer Information

Employed by ______ Since ______

Street ______ City ______ State ______ Zip Code ______

Business Phone ______ Extension # ______

Nearest friend or relative we may notify *in case of emergency* ______ *Ph. #* ______

Whom may we thank for referring you? ______

Name of your physician (family doctor) ______ Ph. # ______

Pharmacy Name ______ Ph. # ______

Person Financially Responsible / Insurance Policy Holder

Name ______ LAST ______ FIRST ______ MIDDLE

Street ______ City ______ State ______ Zip Code ______

Home Phone ______ Cell Phone # ______

Date of Birth ______ Sex: Male ______ Female ______ Social Security # ______

Employed by ______ Phone ______

Street ______ City ______ State ______ Zip Code ______

Insurance Information

Patients dental insurance carriers name ______

Street ______ City ______ State ______ Zip Code ______

Group number ______ Policy number ______

Please Fill In Back Side