2125 Post Oak Tritt Rd. Marietta, GA Phone: 770.977.9090 Fax: 770.977.9058

Patient Information

DENNY FAMILY DENTISTRY

(List Patient Information Below) Preferred Name_____.

Last Name _____First Name _____Middle Name_____.

SS# _____Birth Date _____Drivers License # _____State _____.

Relationship to Patient _____Home # _____Cell# _____.

Work# _____Email _____.

Street Address _____Apt # _____.

City _____State _____Zip Code _____.

Spouse's Name _____Work # _____.

Physician _____Phone # _____.

Who may we contact in case of an emergency?

_____Phone # _____.

Whom may we thank for referring you to us?

_____Phone # _____.

Person Responsible For Account

(List Responsible Person's Information Below, Skip Information if it is the Same as Above)

Last Name _____First Name _____Middle Name_____.

SS# _____Birth Date _____Drivers License # _____State _____.

Relationship to Patient _____Home # _____Cell# _____.

Work# _____Email _____.

Street Address _____Apt # _____.

City _____State _____Zip Code _____.

I will be paying today by: _____Cash _____Check _____Credit Card _____Care Credit

Insurance Information

Name of Insured _____Birth Date _____.

Employer _____SS# _____Relationship to patient _____.

Insurance Company Name _____Group # _____Phone # _____.

Insurance Company address _____City _____State _____Zip Code_____.