



BLACK DIAMOND

Dentistry

31527 3rd Ave | Black Diamond, WA 98010 | (360) 886-1300

PATIENT INFORMATION (CONFIDENTIAL)

NAME _____ DATE _____
FIRST MI LAST

BIRTHDATE _____ SOCIAL SECURITY # _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

____ MINOR ____ SINGLE ____ MARRIED ____ DIVORCED ____ WIDOWED ____ SEPARATED

APPOINTMENT CONFIRMATION PREFERENCE

____ TEXT ____ E-MAIL ____ CALL ____ NO PREFERENCE

IF COLLEGE STUDENT, F.T. / P.T., NAME OF SCHOOL _____

PATIENT'S OR PARENT'S/GUARDIAN'S EMPLOYER _____ WORK PHONE _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY _____ PHONE _____

PARENT'S/GUARDIAN'S INFORMATION (We will not bill absent parties)

NAME _____ RELATIONSHIP TO PATIENT _____
FIRST LAST

ADDRESS: SAME AS ABOVE? ____ IF DIFFERENT, ADDRESS IS _____

BIRTHDATE _____ SOCIAL SECURITY # _____

CONTACT PHONE _____

ARE YOU CURRENTLY A PATIENT IN OUR OFFICE? ____ YES ____ NO

INSURANCE INFORMATION

NAME OF SUBSCRIBER _____ RELATIONSHIP TO PATIENT _____

ADDRESS: SAME AS PATIENT ___ SAME AS GUARDIAN ___ IF DIFFERENT _____

BIRTHDATE _____ SOCIAL SECURITY # _____

NAME OF EMPLOYER _____ UNION OR LOCAL # _____ WORK PHONE _____

EMPLOYER ADDRESS _____

INSURANCE CO. _____ PHONE NUMBER _____

INSURANCE COMPANY ADDRESS _____

GROUP # _____ ID # _____

DO YOU HAVE ADDITIONAL INSURANCE? _____ YES _____ NO IF YES, COMPLETE THE FOLLOWING:

NAME OF SUBSCRIBER _____ RELATIONSHIP TO PATIENT _____

ADDRESS: SAME AS PATIENT ___ SAME AS GUARDIAN ___ IF DIFFERENT _____

BIRTHDATE _____ SOCIAL SECURITY # _____

NAME OF EMPLOYER _____ UNION OR LOCAL # _____ WORK PHONE _____

EMPLOYER ADDRESS _____

INSURANCE CO. _____ PHONE NUMBER _____

INSURANCE COMPANY ADDRESS _____

GROUP # _____ ID # _____

X _____
SIGNATURE OF PATIENT OR PARENT/GUARDIAN

DATE