

**WELCOME TO DRIFTWOOD DENTAL**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

May we send you text and email confirmations?      Y                      N

Email \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

**INSURANCE INFORMATION**

Policy Holder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insured SSN \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Insured Employer \_\_\_\_\_ Insurance company \_\_\_\_\_

Member ID \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_