

Welcome to TLC Dental Care

Where Healthy Teeth Create Beautiful Smiles!

Today's Date: _____

E-mail address: _____

Name: _____
Last First MI

Please call me: _____ Male ___ Female

Birthdate ___/___/___ Age ___ SS# _____
mm/dd/yy (or insurance ID#)

Home address: _____

_____ city state zip

___ Single ___ Married ___ Partnered ___ Widowed ___ Divorced ___ Separated

Hm#(____) _____ Cell# (____) _____

Wk#(____) _____ Other (____) _____

Employer: _____

How long there? _____ Occupation _____

Where & When are the best times to contact you?

Other family members seen at our office?

Previous Dentist _____

City/cross streets _____

Phone(____) _____ Date of last visit _____

How did you learn about our office?

___ Referral-Name _____

___ Mailing _____

___ Yellow Pages Book _____

___ Internet _____

___ Search Engine/key word (eg.MSN/64114 dentist)

___ Google/ _____

___ Yahoo/ _____

___ MSN/Bing/ _____

___ Ask/ _____

___ YellowPagesOnLine/ _____

___ Other _____

Spouse's Name _____

Employer _____

Work # _____ Ext _____

Cell# _____ Birthdate _____

SS# or insurance ID# _____

Emergency contact (not living with you)

Name _____ Relation _____

Work# _____ Cell/Home# _____

Primary insurance carrier _____

Insured's name _____

Insured's ID#(SS) _____ BD _____

Secondary insurance carrier _____

Insured's name _____

Insured's ID#(SS) _____ BD _____

Please bring copies of your insurance card and driver's licence so we may copy them in the space below.

