Number_____

HUGH R. PHILLIS, D.M.D.

Specialist in Orthodontics and Dentofacial Orthopedics

Welcome to our practice!

Please take a few minutes to complete these questions so that we may serve you better. ***(Please Print)***

Patient Information

Date_____

*Patient Name*_____ *Birthdate*_____/_____/_____
Last First Initial Month Day Year

*Address*_____ *City*_____ *State*_____ *Zipcode*_____

*Patient's Home Phone*_____ *E-Mail*_____ *Patient's Sex (Circle) M F*

*Your Name*_____ *Relationship to Patient (Circle) Parent Step-Parent Other*_____

*Address*_____ *City*_____ *State*_____ *Zipcode*_____

*Home #*_____ *Work #*_____ *Cell #*_____ *E-Mail*_____

*Your Employer*_____ *Address*_____ *State*_____ *Zipcode*_____

*Your Marital Status (Circle) Single Married Separated Divorced Widowed Other*_____

*Spouse*_____ *Work Phone*_____
(If applicable) Last First Initial

*Spouse Employer*_____ *Address*_____ *State*_____ *Zipcode*_____

Financial Responsibility and Insurance Information

*Person Responsible for Payment*_____ *Relationship to Patient (Circle) Parent Step-Parent Other*_____

*Address*_____ *City*_____ *State*_____ *Zipcode*_____
(Complete if different from above)

*Employer*_____ *Address*_____ *State*_____ *Zipcode*_____
(Complete if different from above)

*Insurance Company*_____ *Address*_____ *State*_____ *Zipcode*_____

Insurance Phone _____ *Insured's Soc. Sec. No.*_____-_____-_____ *Insured's Birthdate*_____/_____/_____
Mo. Day Yr.

*Insurance Group No.*_____ *Orthodontic Coverage (Circle) Yes No Unsure Limits* _____%,_____*Lifetime*

*Person with 2nd Insurance Name*_____ *Relationship to Patient (Circle) Parent Step-Parent Other*_____
Last First MI

*2nd Insurance Company*_____ *Address*_____ *State*_____ *Zipcode*_____

*2nd Insurance Phone*_____ *2nd Insured's Soc. Sec. No.*_____-_____-_____ 2nd Insured's Birthdate_____/_____/____
Mo. Day Yr.

*2nd Insurance Group No.*_____ Ortho. Coverage (Circle) Yes No Unsure Limits_____%_____Lifetime

Please Complete Medical and Dental History on back!