

# Welcome



Experience South County's preferred choice  
for quality, affordable dentistry

Date \_\_\_\_\_

DL# \_\_\_\_\_

Soc. Security # \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

## Patient Information (CONFIDENTIAL)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Email \_\_\_\_\_ Check Appropriate Box  Minor  Single  Married

Patient's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse or Parent's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

If Patient is a Student, Name of School/College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person to Contact in Case of Emergency \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Responsible Party

(Same as Above)  
Circle

Name of Person Responsible for this Account \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## Referral Information

Were you referred by one of our Patients?  Yes  No

If Yes, Whom may we thank? \_\_\_\_\_

If No, How did you find us? \_\_\_\_\_

## Insurance Information

Name of the Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address of Employer \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### DO YOU HAVE A SECONDARY INSURANCE? IF SO, LET US KNOW:

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

## HIPAA Acknowledgement

I have read and been offered a copy of the Saddleback Dentistry Notice of Privacy Practices

Signed \_\_\_\_\_ Print Names \_\_\_\_\_

Signed of patient or parent (if minor) \_\_\_\_\_ Date \_\_\_\_\_

