Drs. Hamilton & Wilson D.D.S., P.A.

ORTHODONTIC PATIENT INFORMATION

Patient's Number:______ Age:__ Birthdate:__________ Sex:_

Patient's Name:____

Home Address:____
Street City St Zip Code

Home Phone:_______________ Work Phone:_______________ SSN:_________________

PERSON RESPONSIBLE FOR ACCOUNT

Name:__________________________ Relation:_______________

Home Address:____
Street City St Zip Code

Home Phone:_______________ Work Phone:_______________ SSN:_________________

Employer ____

Spouse's Name____________________________________SS#____________________

Spouse's Employer____________________________Business Phone______________

E-mail address(optional) ____

Does your insurance cover orthodontic treatment? Y / N
(Please bring dental insurance form and card to initial appointment)

Policy Holder's Name_____________________Policy Holder's Birthdate________

Insurance Company________________________Insurance ID #__________________

Insurance Phone #____

Family Members treated in this office_____________________________________

Whom may we thank for referring you?______________________________________

Medical Doctor_________________________Dentist___________________________

I understand that, where appropriate, credit bureau reports may be obtained.

Signature ____ Date _________________

Social Security # ____

FILL OUT IF PATIENT IS A MINOR:

Father's name:___________________________________SS#:____________________

Address:_________________________________Home Phone:______________________

Employer:____________________________Business Phone:_____________________

Mother's name:___________________________________SS#:____________________

Address:_________________________________Home Phone:______________________

Employer:____________________________Business Phone:_____________________

Siblings and Ages:____

Patient living with: Mother Father Other: _________________________

Person to be contacted in case of emergercy: (other than parents)

Name ____________________________ Relationship _________________________

Address _________________________________ Phone _________________________