Zweig Family Dentistry

Your Family's Path to Dental Health

Welcome to a whole new level of oral health care! Our practice is like no other you have ever been to. We are a general dental office that focuses on comprehensive care. We believe in helping our patients develop a personalized oral health plan that will help them improve their overall health and optimize their oral health for their lifetime. So that we can best serve you and your specific needs, we ask you to complete these comprehensive forms.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____

Birthdate: _____ Age: _____

Occupation: _____

Employer: _____

Business Address: _____

City: _____ Business phone: _____

Person responsible for this account: _____

Is another member of your family a patient at our office? _____

Whom may we thank for referring you? _____

Person to contact for an emergency? _____

Emergency contact phone # _____

Appointments are confirmed via (please check your preference)

☐ Text message ☐ e-mail ☐ Both

INSURANCE INFORMATION

Primary Carrier

Insurance Company: _____

Address: _____

Employer: _____

I.D.#: _____

Group#: _____

Relationship to insured: _____

Insured SSN: _____

Insured Birthdate: _____

Your SSN (if different): _____

Secondary Carrier

Insurance Company: _____

Address: _____

Employer: _____

I.D.#: _____

Group#: _____

Relationship to insured: _____

YOUR SPOUSE INFORMATION (for insurance reasons)

Name: _____

Occupation: _____

Employer: _____

Business Address: _____

Business City: _____

Business Phone: _____ Cell: _____

MEDICATIONS List all medications, prescription and non-prescription that you are currently taking:

Name:	Dosage:	Reason:

SIGNATURE OF PATIENT, PARENT OR GUARDINAN _____ **DATE:** _____

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