



WELCOME to Wauchula Dental and thank you for selecting our dental team! We will strive to provide you with the best possible dental care. If you have any questions or need assistance, please ask us – we will be happy to help!

**How did you hear about our office?** \_\_\_\_\_

Patient Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
**(WHICH # IS BEST TO REACH YOU FOR CONFIRMATION OF APPOINTMENTS? Home Cell Work)**

Email: \_\_\_\_\_

Address (mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address (physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN/SIN# \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Responsible Party:**

Name of Responsible Party for Acct: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ SS/SIN# \_\_\_\_\_

**Insurance Information:**

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

Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ PH # \_\_\_\_\_

Group#: \_\_\_\_\_ Member ID (may be SS#): \_\_\_\_\_